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Official Publication of the
**MEDICAL AND CHIRURGICAL FACULTY
OF THE STATE OF MARYLAND**

MEMBERSHIP DIRECTORY AND 1959 TRANSACTIONS, Part I
(See September issue for completion of Transactions.)

Maryland

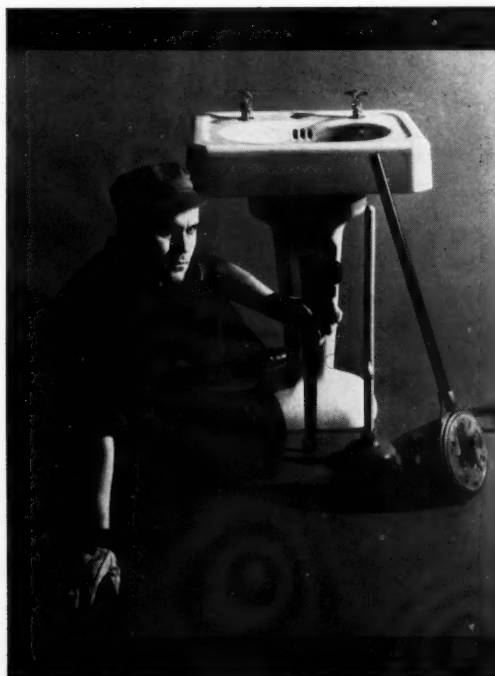
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Table of Contents on page v



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Each Pulvule[®] contains:

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(Clopane[®] Hydrochloride. 12.5 mg.)
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Co-PyronilTM (pyrrobutamine compound, Lilly)

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SEMIANNUAL MEETING—FRIDAY, SEPTEMBER 18, 1959
COMMANDER HOTEL, OCEAN CITY, MARYLAND



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PREREQUISITE FOR EMOTIONAL ADJUSTMENT: THERA

"The most effective form of psychotherapy is to demonstrate to the patient that seizures can be adequately controlled by the use of anticonvulsant medicati

REQUISITE FOR THERA

THE PARKE-DAVIS FAMILY OF ANTICONVULSANT

effective anticonvulsants for most clinical ne

bibliography: (1) Carter, S. M.: *M. Clin. North America*: 315 (March) 1953. (2) Chao, D. H.: *Ibid.*, p. 465. (3) man, L. S., & Gilman, A.: *The Pharmacological Basis of Therapeutics*, ed. 2, New York, MacMillan Company, p. 187. (4) Davidson, D. T., Jr., in Conn, H. F.: *Current Therapy* 1958, Philadelphia, W. B. Saunders Co. 1958, p. 568. (5) Zimmerman, F. T.: *New York J. Med.* 55:2338, 1955. (6) French, E. G.; Rey-Bellet, J., & W. G.: *New England J. Med.* 258:892 (May 1) 1958.

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Maryland STATE MEDICAL JOURNAL

Medical and Chirurgical Faculty of the State of Maryland

VOLUME 8

August, 1959

NUMBER 8

YOUR MEDICAL FACULTY AT WORK

JOHN SARGEANT, *Executive Secretary*

EXECUTIVE COMMITTEE

The Executive Committee of the Medical and Chirurgical Faculty of Maryland met on Tuesday, June 2, 1959 at the Faculty Building and took the following action:

1. Approved a pension plan for employees for presentation to the Semiannual Meeting of the House of Delegates.

2. Appointed a committee to investigate use of Blue Shield payments to hospital restricted funds and make recommendations thereto, consisting of:

William L. Garlick, M.D., *chairman*

Alexander J. Schaffer, M.D.

John W. Parsons, M.D. /

Samuel Morrison, M.D.

Thurston Harrison, M.D.

William D. Lynn, M.D.

3. Selected Dr. Florence I. Mahoney as the candidate for the Governor's Award for Employment of the Physically Handicapped.

4. Referred to the Medicare Fee Schedule Committee, chaired by Dr. Karl F. Mech, the question of a revision in the Industrial Accident Fee Schedule.

COUNCIL

The Council of the Medical and Chirurgical Faculty of Maryland met on June 16, and again on June 30, 1959 and took the following action—

At the June 16 meeting:

1. Voted that the Council accept the proposed

paragraphs 8 and 9 as recommended by the radiologists and pathologists, in connection with a proposed agreement between these two groups and the Hospital Council, Inc.,

8. Radiological and pathological diagnostic services in doctors offices and hospital departments are desirable benefits in prepaid health insurance plans in Maryland. Such coverage should be provided with appropriate mechanics and subject to such conditions as sound actuarial principles may require for all present and future Blue Cross and Blue Shield subscribers and *should be made available to subscribers without regard to individual incomes*. All such coverage for hospital In-Patients and emergency patients in hospital emergency departments should be under Blue Cross until such time as "METHODS AND PROCEDURES FOR REMOVING THE BENEFITS FOR X-RAY DIAGNOSIS AND MEDICAL DIAGNOSTIC SERVICES GENERALLY FROM THE BLUE CROSS OR HOSPITAL PLAN AND PLACING THEM IN THE BLUE SHIELD OR PHYSICIAN PLAN" can be evolved. All such coverage for patients in hospital Out-Patient departments should be under Blue Shield. All such coverage for emergency patients treated in the Out-Patient departments of hospitals having no emergency departments should be under Blue Shield. All such coverage for patients in doctors offices should be under Blue Shield.

9. In view of the many variations in hospital and professional relationships financial arrangements between radiologists, pathologists and hospitals need not be uniform throughout the State. All financial arrangements between hospitals, radiologists and pathologists should assure high quality, efficient service, prompt consultation and the addition of new techniques with reasonable promptness and with smooth and efficient service to the patient. Nothing herein is to be construed as indicating either approbation or disapprobation of any particular type of arrangement as to compensation or any particular financial arrangement between any specific radiolo-

gist or pathologist and the hospital in which he practices SO LONG AS "A PHYSICIAN SHOULD NOT DISPOSE OF HIS PROFESSIONAL ATTAINMENTS OR SERVICES TO ANY HOSPITAL, CORPORATION OR LAY BODY BY WHATEVER NAME CALLED OR HOWEVER ORGANIZED UNDER TERMS OR CONDITIONS WHICH PERMIT THE SALE OF THE SERVICES OF THAT PHYSICIAN BY SUCH AGENCY FOR A FEE."

2. Voted that the inclusion of outpatient diagnostic radiologic coverage and pathologic services by physicians in hospital outpatient departments and physicians' offices be in the basic Blue Shield contract; and that, as soon as feasible, all other diagnostic services be included.

At the June 30 meeting:

1. Approved dispatch of a letter regarding the United Fund appeal, which stated that endorsement of such appeals was a matter for individual component medical societies and that the Faculty could not endorse a drive for Baltimore City, this being a matter for the Baltimore City Medical Society to decide.

2. Approved a request from the Building Committee to expend up to \$8,500 for air conditioning the Library Reading Room and the Stack Room. This will protect the rare and valuable books now stored in the upstairs stack room and also enable the parttime summer help to continue with the work of cataloguing that is being done in the stack room. About 50 per cent increase in efficiency would be obtained. Money for this to come from Building Fund.

3. Approved a request of the Building Committee to have architects' drawings prepared on the renovation of the present building and any possible additions to the building for a sum not to exceed \$3,000. Money for this to come from the Building Fund.

4. Approved the acceptance by the Executive Secretary of an appointment by the A.M.A. Board of Trustees to a special nine-man advisory committee to the Communications Division of the A.M.A.

5. Authorized a salary scale of \$4,000 to \$6,000 for the editorial assistant (Journal Office) and established qualifications for this position.

6. Authorized a change in the following committee name:

From: *Committee to Draft a Fee Schedule for Medicare*

To: *Fee Schedule Committee*

with authority being granted the chairman to change committee members at his discretion.

7. Authorized the Executive Committee to take whatever action it deemed fit in connection with the public hearings on the Blue Cross rate increase.

8. Authorized the legislative chairman, Dr. Karl F. Mech to:

- (a) Use all means at his disposal to fight the Forand Bill, public hearings on which are scheduled for July 13, and to represent the Faculty at these hearings, if possible; and
- (b) Send a letter to all members urging them to write their senators urging support of the Keogh-Simpson Bill; send a copy of this letter and explanation to all state medical societies, urging similar action; send a copy to all component medical societies.

The Council also heard:

A vote of thanks expressed to the treasurer, Dr. Wetherbee Fort, for his hospitality to the Council members and staff in holding the June 30 meeting at his summer home, and a vote of thanks expressed to the president, Dr. Leslie E. Daugherty, for the provision of steaks for all to enjoy.

MARYLAND CHAPTER, AMERICAN COLLEGE OF SURGEONS

The third annual meeting of the Maryland Chapter of the American College of Surgeons will be held on Saturday, September 12, 1959 at the Tidewater Inn, Easton, Maryland. Please make your reservations by writing directly to the Tidewater Inn.

OCEAN CITY MEETING

MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND
PROGRAM OF THE SEMIANNUAL MEETING, OCEAN CITY

Friday, September 18, 1959



Headquarters

**COMMANDER HOTEL, THE BOARDWALK AND 14th STREET
OCEAN CITY, MARYLAND**

REGISTRATION—9:00 A.M.

Lobby

All members and their guests are urged to register so that an accurate record may be kept of the attendance. Those who arrive on Thursday, September 17, may register that evening from 7:30 P.M. to 9:30 P.M.

BUSINESS SESSIONS

Beach Lounge, Ground Floor

Council Meeting—Thursday, September 17, 8:00 P.M.

House of Delegates—Friday, September 18, 9:30 A.M.

All members are invited to attend the meeting of the House of Delegates, but the privileges of the floor are for delegates only.

SCIENTIFIC SESSION—12:30 P.M.

Beach Lounge, Ground Floor

1. Words of Welcome. Leslie E. Daugherty, M.D., President, Medical and Chirurgical Faculty.
2. Chemotherapy of Hormone Producing Tumors. (Illustrated.) Roy Hertz, M.D., Ph.D., Chief, Endocrinology Branch; National Cancer Institute, National Institutes of Health, Bethesda, Maryland.

SMORGASBORD LUNCHEON—2:00 P.M.

Dining Room, Main Floor

DANCE—9:30 P.M. to 1:00 A.M.

Dining Room, Main Floor

Hors d'oeuvres will be served.

(Dress Optional)

Host—The Medical and Chirurgical Faculty.

(over)

OCEAN CITY MEETING PROGRAM

(continued)

WOMAN'S AUXILIARY TO THE MEDICAL AND CHIRURGICAL FACULTY

Mrs. D. Delmas Caples, President

Social Room, Main Floor

Friday, September 18, 1959

9:30 A.M. Open Board Meeting

Social Hour to follow

The wives of all doctors present for the Semiannual Meeting are invited to attend this meeting. Coffee and buns will be served informally.

A workshop of State and County Committee Chairmen, and all interested members and doctors' wives, will be held in the Social Room immediately following Board Meeting. Come and join us.

ARRANGEMENTS COMMITTEE

Committee on Scientific Work and Arrangements of the Medical and Chirurgical Faculty: NATHAN E. NEEDLE, M.D., *Chairman*; WILLIAM E. GROSE, M.D.; HOUSTON S. EVERETT, M.D.; J. DOUGLAS LOCKARD, M.D.; WILLIAM CARL EBELING, M.D.

NOTES

HOTEL RESERVATIONS: It is suggested that if you have not made your reservation that you do so immediately by writing to MRS. RUTH LYNCH, COMMANDER HOTEL, OCEAN CITY, MARYLAND. *All* reservations for rooms are to be taken care of by members writing *DIRECT* to the hotel. The Beach Plaza and Harrison Hall are the hotels cooperating with the Commander Hotel.

SMORGASBORD LUNCHEON: The menu will include, Commander Clam Chowder, Hearts of Celery, Carrot Sticks, Stuffed Queen Olives, Cold Roast Turkey, Commander Imperial Crab, Baked Virginia Ham, Hot Steamed New England Lobster, Potato Salad, Cole Slaw, Sliced Tomatoes, Corn on Cob, New Green Lima Beans, Hawaiian Yams, Corn Spoon Bread, Cloverleaf Rolls, Lime and Raspberry Sherbet, Coffee, Hot and Iced Tea. *Cover Charge*, including tip, is \$4.00 per person. Checks should be made payable to the Medical and Chirurgical Faculty and should be mailed to 1211 Cathedral Street, Baltimore 1, not later than FRIDAY, SEPTEMBER 11, 1959, sooner if possible. Upon receipt of check, tickets will be mailed promptly.

DANCE: This is an attractive climax to the Ocean City (Semiannual) Meeting and the members are urged to remain for this occasion, for which there is no charge. There are no provisions at the Commander Hotel for the licensed sale of alcoholic beverages.

PARKING FACILITIES: Ample free parking space in close proximity to the Commander Hotel.

FISHING: Boats available for fishing.

ROUTES TO OCEAN CITY

(Courtesy of the Automobile Club of Maryland)

FROM BALTIMORE: Driving around via ELKTON—U.S. 40 to GLASGOW, DEL., turn right on #896 into #71, continue into U.S. 13, bypass DOVER, into U.S. 113, into Maryland turning left on U.S. 50 to OCEAN CITY, 100 miles.
VIA CHESAPEAKE BAY BRIDGE—Follow #2 to U.S. 50, left to Bay Bridge, continue on U.S. 50 through WYE MILLS, bypassing EASTON to CAMBRIDGE and SALISBURY to OCEAN CITY, 140 miles.

(Alternate): As above to Bay Bridge; follow U.S. 50 to junction with #404, left into Delaware #18 to GEORGETOWN, right on U.S. 113 to U.S. 50 to OCEAN CITY, 127 miles.

FROM SOUTHERN MARYLAND: Vicinity of LEONARDTOWN—Follow #5 into #3, to U.S. 50, right to Bay Bridge, cross and continue with U.S. 50 via CAMBRIDGE and SALISBURY to OCEAN CITY, 188 miles.

(Alternate): As above to Bay Bridge, follow U.S. 50 to junction with #404, into #18, to GEORGETOWN, right on U.S. 113 to U.S. 50 to OCEAN CITY, 175 miles.

FROM EASTERN SHORE: Lower Shore—From EASTON, through CAMBRIDGE, SALISBURY to OCEAN CITY, via U.S. 50, 78 miles.

Northern Shore: Either U.S. 213 or #313, south to #404; east to #18 to U.S. 113, right into U.S. 50, left to OCEAN CITY, 78 miles from WYE MILLS, 64 miles from DENTON.

FROM WESTERN MARYLAND: CUMBERLAND—U.S. 40 to HAGERSTOWN and FREDERICK to Edmondson Avenue Extension, to Catonsville where the New Baltimore County Beltway crosses U.S. 40, turn right on Beltway to junction with U.S. 301, right on U.S. 301 to Old Baltimore Annapolis Boulevard (#648), to #2 to #50, left on #50 to Bay Bridge, into #404 into #18 to Georgetown, right on U.S. 113 to Berlin, Md., left on #50 to Ocean City. 261 miles from CUMBERLAND, 196 miles from HAGERSTOWN, 171 miles from FREDERICK.

Toll on Chesapeake Bay Bridge—\$1.25 one way for passenger cars, including driver.

Have You Made Your Hotel Reservation for The Ocean City Meeting of the Medical and Chirurgical Faculty Ocean City, Maryland—September 18, 1959

If you do not have a hotel reservation for the Ocean City Meeting of the Medical and Chirurgical Faculty, Friday, September 18, 1959, please fill out and mail the form at bottom of page, and send it directly to the Commander Hotel. If the Commander Hotel is filled, your reservation will be turned over to one of the cooperating hotels.

Nathan E. Needle, M.D., Chairman
Committee on Scientific Work and Arrangements

MODIFIED AMERICAN PLAN

Includes Complete Breakfast and Full Course Dinner Each Day

DAILY RATES PER PERSON DOUBLE OCCUPANCY

Sept. 8-Sept. 28

* Corner Ocean Front Room, tub and shower bath.....	\$11.50
* Ocean or Bay View Room, tub and shower bath.....	10.50
* Bay View Room, tub or shower.....	9.50
* Bay View Room and adjoining (small) Single Room, tub and shower (3 person occupancy)..<	9.00
* Suite, 2 Communicating Rooms, 2 baths, tub and shower (4 person occupancy).....	10.50
Family Room, 2 double beds, tub and shower bath. Special for four person occupancy, any age, per person.....	7.25
Double Bed, Ocean Front, wash stand and toilet.....	8.50
Double Bed, Bay View, wash stand and toilet.....	8.00
Single Room, Ocean Front, shower bath.....	12.00
Single Room, Ocean Front, wash stand and toilet.....	11.00
Single Room, Bay View, wash stand and toilet.....	10.00

Children's rates: Children to 6 years old, occupying same room with parents \$5.00 per day, 6 to 12 years \$6.00 per day, over 12 years \$7.00 per day.

For the first 2 persons sharing a double room, the regular double rate will apply even though one occupant may be a child.

* Twin beds.

RESERVATION REQUEST

Commander Hotel

on the Ocean OCEAN CITY, MARYLAND

Name.....

Address.....

City..... State.....

Please reserve..... Room Rate.....

Alternate Choice.....

Date of Arrival..... Date of Departure.....

No. of Persons.....

All Requests Subject to Confirmation

LECTURESHIP

THE SURGICAL TREATMENT FOR CHRONIC PANCREATITIS

RALPH F. BOWERS, M.D.*

In spite of the fact that gallstones, bile regurgitation into the pancreatic duct and obstruction to the pancreatic duct are known contributors to the production of pancreatitis, the actual etiological process is unknown. It is now common knowledge that the association of pancreatitis and gallstones is intimate, but all patients with pancreatitis do not have gallstones. Some believe that abnormal intake of alcohol is responsible for the disease; others feel that the mental instability of the alcoholic is responsible. Howard separates two types according to etiology and states that pancreatitis due to gallstones is amenable to therapy by ordinary gallbladder and common duct surgery, but that alcoholic pancreatitis does not respond to any therapy. No comment is made when both abnormal alcohol consumption and gallstones coexist. Doubilet recognizes the triad of gallbladder, common duct and sphincter of Oddi as a unit subject to this disease, and therein suggests that the disease is a combination of physiological malfunction.

With this evident confusion about the etiology of the disease, one is then surprised that good results may be obtained in the treatment of the disease if the therapy follows the corrective action according to the surgeon's concept of the etiology. But much has been gained in this respect in the last 15 years. It is now established that medical therapy will not induce control of the disease, and contrary to the expected sequel, control cannot be gained by the abstinence from alcohol, although a betterment in regard to a lesser number of attacks and less severe nature of the attacks can be noticed.

Therapy, therefore, finally includes: (a) those procedures designed at the eradication of biliary tract disease; (b) procedures designed to prevent regurgitation of bile into the pancreatic duct; (c) procedures

designed to effect relief of pancreatic ductal obstruction; (d) operations for the handling of pancreatic pseudocyst, which is a further complication of pancreatitis; (e) surgical efforts to control the burned out pancreas.

WHEN DEFINITE BILIARY TRACT DISEASE IS PRESENT

In our clinic we have achieved some degree of success in treating acute pancreatitis by medical means, which usually include antibiotics, gastric drainage, calcium administration, Pro-Banthine®, occasionally plasma and blood, blood substitutes and pressor drugs when shock is present. In our hands, a mortality rate of 2.9 per cent exists.

Typical handling of the patient after the disappearance of the acute attack sets the pattern for our subsequent course of therapy. Gallbladder visualization studies are made, and if no roentgenological evidence for the presence of gallstones exists, the patient is advised to abstain from alcohol and to return if there is trouble. A certain number of patients experience one attack, and only one, and of course no further therapy is required.

If gallstones are present, we perform cholecystectomy, removal of common duct stones, if found, common duct exploration even if no stones are suspected (unless the common duct is a very small one), dilatation of the sphincter with Bake dilators and the placement of a T-tube, which is removed approximately three months later. The T-tube does not enter the duodenum. Postoperative cholangiograms often depict visualization of the pancreatic duct and the so-called common channel.

By the biliary tract surgery alone, a great number of recurring attacks are avoided. We estimate 60 to 70 per cent remain permanently well from this rather simple biliary tract surgery. Howard and Jordan state that 94 per cent of these patients remained free of further attacks when common duct stones were successfully removed. Doubilet adds sphincterotomy to this group, in addition to the

J. M. T. Finney Fund Lecture. Presented at the One Hundred Sixty-first Annual Meeting of the Medical and Chirurgical Faculty of the State of Maryland on April 15, 1959.

* Chief, Surgical Service, Veterans Administration Medical Teaching Group Hospital, Memphis, Tennessee.

other procedures, and gives the credit of control to it instead of the gallbladder surgical maneuvers. Furthermore, Doubilet performs sphincterotomy in many gallbladder patients when slight induration is present in the pancreatic head in the region of the ampulla of Vater. He intimates that the good results are due to the sphincterotomy and that the operator is actually treating pancreatitis. Many surgeons do not agree to this latter statement.

If no attacks occur after removal of the T-tube, no further surgery is performed and the patient has an excellent chance to remain well. Often an attack will appear shortly after the removal of the T-tube if recurrent attacks are to follow.

If attacks do appear after the biliary tract surgery, it usually means some other form of therapy must be employed to prevent their recurrence. Or, when the "no-gallstone patient" has experienced recurring attacks (we simply wait until we are certain that the attacks are pancreatic in nature), operation is in order.

Now one uses either sphincterotomy or choledochojejunostomy if he follows the concept that bile regurgitation is responsible for most of these attacks; if he follows the concept that pancreatic duct obstruction is the cause of the disease, then caudal pancreaticojejunostomy of some sort is used.

Since 1949, we have used choledochojejunostomy en Roux Y (Fig. 1), which simply means transection

of the common duct and transplantation of the proximal end into the jejunum. This will absolutely divert the bile from the duodenum, and if the Roux en Y principle is used, cholangitis should not follow. The advocates of sphincterotomy state that their procedure prevents regurgitation of bile into the pancreatic duct by obviation of obstruction at the ampulla of Vater, but many surgeons cannot achieve control by this procedure; for that reason, we employ choledochojejunostomy, which cannot fail to accomplish what the sphincterotomists desire. Two of our successful patients had undergone sphincterotomy with failure prior to our choledochojejunostomy.

This operation has been employed in 26 patients with no deaths, one common duct stricture (easily corrected by revision of the anastomosis one year later), slight morbidity, no cholangitis and no peptic ulcers in the stomach or duodenum.

The operation is sometimes difficult, particularly if the common duct is small. It is conceivable that the common duct may be so small that it cannot successfully be transplanted. No one desires to deliberately cut across the common duct, but the extensive procedure needs no apology as this disease is a distressing one; it invalidates, disables and eventually kills by malnutrition; there is electrolyte imbalance, a sprue-like state, avitaminosis, sometimes fatty infiltration of the liver and death. Twenty-one patients have remained free of attacks.

The four failures exist in unstable individuals who are much improved over their preoperative state, but whose now milder and fewer attacks are nevertheless pancreatic in nature. Many of the successful patients still continue to drink alcohol abnormally; some in great excess. A few have been enticed away from the habit entirely. However, the control of attacks in the alcoholic seems to be better accomplished by choledochojejunostomy than by sphincterotomy. Doubilet admits that sphincterotomy does not achieve good results in the alcoholic and blames the alcohol for the failure. Certainly it is correct to state that relief of attacks would be better obtained if alcohol were not used postoperatively.

Doubilet agrees with the writer that one should not judge the operative result as a failure or success until one year has passed postoperatively. The patients are unstable and fleeting abdominal pains are mentioned by the patient in the early postoperative

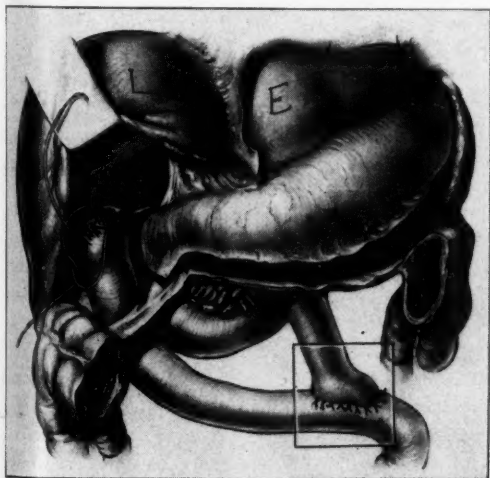


FIG. 1. Choledochojejunostomy en Roux Y (Courtesy, The C. V. Mosby Company, St. Louis).

months. One patient experienced attacks for nearly three years but has had no attack in the past five years. This is an unusual observation. Priestley states that choledochojejunostomy would be a better operation for the prevention of bile regurgitation, but decries the need of transection of the common duct to effect it. Choledochojejunostomy or some similar operation has been performed by Allbritten, Poth and Trimble with successful results, and Walters uses choledochoduodenostomy effectively. Many other surgeons have used the operation successfully but have not reported the results. Several surgeons have failed to include cholecystectomy when they perform choledochojejunostomy, and as Mulholland and Doubilet and Large have shown, serious infection in the gallbladder follows when the sphincter mechanism has been eradicated. Later cholecystectomies in these patients have permitted relief of symptoms which prior to the cholecystectomy were believed to be due to a recurrence of the pancreatic bouts.

All patients have been followed carefully. One patient died one year postoperatively from an automobile accident. Another died of a cardiovascular accident four years after the operation. At autopsy, this patient's pancreas showed practically no evidence of pancreatitis. A third patient died of alcoholism eight years after the operation. At autopsy there was marked fatty infiltration of the liver and two small, old necrotic areas in the pancreas. He remained free of pancreatic attacks. Another patient, who experienced attacks postoperatively when drinking very heavily, died of burns when his home was destroyed by fire and, in his alcoholic state, could not escape. Of the four failures, one, a dentist, works half time and is quite improved; another is a habitual alcoholic who hasn't worked for years and complains of abdominal pains, but is always intoxicated when examined. Many observers do not believe he is experiencing pancreatic attacks. The third one died in the fire, and the fourth is a young Negro boy who complains of some slight abdominal pain and works intermittently. His mild attacks are definitely pancreatic in nature.

Two patients with persistent acute pancreatitis, who were quite ill and at the point of death, were miraculously saved eventually by choledochojejunostomy after initial gallbladder surgery in one and gastric surgery in the other failed to control the vicious acute attacks. One recent patient, operated

in August 1958, drinks excessively and has entered the hospital for acute alcoholism, *B. proteus* septicemia and delirium tremens, but whose severe pancreatitis attacks have not reappeared in spite of the abnormal drinking.

Our experience with the operation in these 26 well-selected cases then shows 21 successes and four failures. One patient was operated too recently for accurate followup observation, although he is doing nicely nearly three months postoperatively. The control rate is 84 per cent.

We have not experienced many of the expected postoperative troubles. One easily corrected common duct stricture was the only example of this complication. Apparently the alkaline secretion from Brunner's glands and the alkaline pancreatic juice have been capable enough neutralizers to prevent peptic ulcer formation, and thorough search for the presence of peptic ulcer is made on all patients.

CAUDAL PANCREATICOJEJUNOSTOMY (FIG. 2)

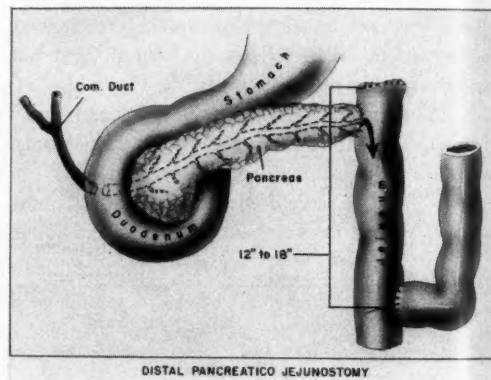


FIG. 2. (Courtesy, Kentucky State Medical Association, Louisville).

Longmire was one of the first to employ this procedure, but abandoned it because of failures. DuVal's scholarly use of this operation demands careful selection of the patients who had passed the stage of acute recurring attacks and were approaching the burned-out state. Furthermore, he employed the operation only when he could demonstrate the presence of obstruction in the pancreatic duct. He does not employ the operation for the stage of the acute recurring attacks and does not believe it would control the attacks because ductal obstruction is often absent at that time. Jordan and Howard report unfavorable results in seven of the nine patients who

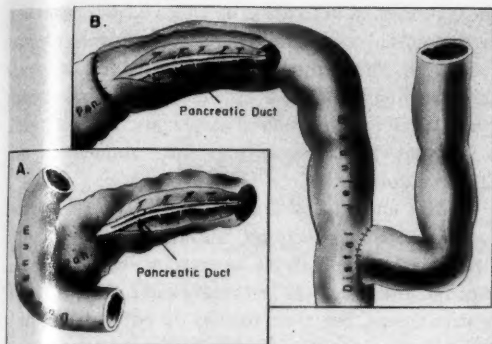


FIG. 3. Distal Pancreaticojejunostomy achieved by envelopment of distal end of pancreas with jejunum.

had this operation. Puestow and Gillesby state that caudal pancreaticojejunostomy has provided favorable results in their hands. They employed first the procedure (Fig. 3) which required envelopment of the tail of the pancreas with the open end of the jejunum and later, if necessary, covered the opened pancreas with opened jejunum (Fig. 4). DuVal has recognized some failures.

It is difficult to believe that pancreatic duct obstruction alone is the cause of the disease. Partial and complete obstruction of the main pancreatic ducts are always present in carcinoma of the head of the pancreas; yet clinical pancreatitis is seen perhaps in three to five per cent of these malignant lesions. Ductal obstruction due to compression of the duct by aneurysms of the inferior pancreaticoduodenal arteries were twice observed by the author. The obstruction in both instances created enlarged ducts distal to the point of obstruction, and must have been partial for a long time and later complete enough to provoke the formation of pancreatic stones, but neither patient experienced any symptoms other than those due to the anemia. Perhaps the ductal obstruction, like stricture of the male urethra in gonorrhea, follows the acute infection rather than appearing first as the cause of the disease. It is difficult to believe that the ductule metaplastic obstruction described by Rich and Duff could be relieved by caudal pancreaticojejunostomy. They found practically no main duct obstruction in their cases. Also, pancreaticojejunostomy can possibly permit the regurgitated bile to pass unimpeded through the pancreatic duct into the jejunum, and control the attacks by reducing the pressure of the bile or some other unknown change in the bile, which

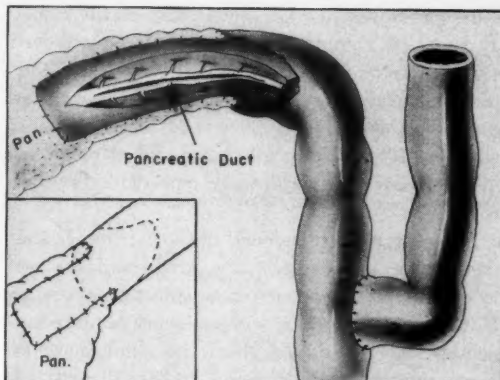


FIG. 4. Variation of envelopment operation by the use of a tongue of jejunum.

may contribute to the cause of the disease. We cannot deny that the presence of bile in the pancreatic duct activates pancreatic enzymatic activity, and under certain unknown chemical or physiological changes, may "ignite" the processes inducing the infection.

PSEUDOCYSTS

The treatment of this complication of pancreatitis is the simplest, best understood and most effective. The cyst must arise from acinar breakdown. Sometimes peripancreatic extravasation remains as a non-epithelial-lined cyst when there exists some obstruction to the drainage of the fluid in this pseudo structure from its passage into the pancreatic duct system. The pseudocyst usually appears after subsidence of the acute infection, although it must undoubtedly be in the process of formation during the acute attack. They often disappear spontaneously, presumably when drainage into the ductal system is re-established. When they persist, mild symptoms of pancreatitis and pressure on the adjacent structures, notably the stomach, the duodenum, the jejunum and the transverse colon, induce anorexia, nausea, vomiting, weight loss, alternating constipation and diarrhea.

Treatment consists of external drainage or marsupialization, but these require approximately six months of irritating drainage before eventual cure, and cure is not always had by external drainage. Most surgeons agree that either excision or some form of internal drainage is preferable. Excision can only be used when the cyst is located in the tail and body of the pancreas, and often requires splenec-

tomy and injury to other organs, such as the kidney, at times, if complete removal is to be achieved. Cystgastrostomy, cystenterostomy or cystduodenostomy, depending upon the location of the cyst, are easy anastomotic procedures, and when combined with the Roux-Y principle have proved to be safe in the hands of all who have reported experiences with them.

However, when pseudocyst of the pancreas is diagnosed, a period of watchful waiting should be used to permit the chance of spontaneous disappearance. If that fails, exploration and the choice of procedure, namely, external drainage, internal drainage or excision, must be made from the study of the cyst and its ability to yield to one particular method. External drainage is a slow curing process; internal drainage very successful and excision always successful if it can be done with safety. Also, it may be necessary to use one of the controlling operations to prevent recurrence of the pancreatitis, which was the forerunner of the pseudocyst anyhow. I have successfully combined external (twice) and internal drainage (once) with the choledochojejunostomy on three occasions.

WHEN THE INFECTION IS IN THE "BURNED-OUT STATE"

This is simply longstanding chronic pancreatitis, where the patient has passed the stage of recurring acute attacks and now has almost continuous but milder pain than during the acute attacks, with anorexia, pain induced by eating, occasional vomiting, mild diarrhea with steatorrhea, marked weight loss, weakness, malnutrition and an advance toward death. These cachectic patients are often drunkards, narcotic addicts with psychotic tendencies, but whose personalities are somewhat typical of the pancreatitis pattern of inadequacy, with feelings of inferiority and reliance upon substitutive drugs, etc., for continued unhappy living.

Surgery has not proved to be beneficial in these patients. Thoracic sympathectomy (T_9 - T_{12}) has afforded some relief of pain, is occasionally used bilaterally, but has not altered the disease or added much happiness to the patients. Sympathectomy has been largely abandoned, but is useful when no other procedure seems to offer a chance.

Sphincterotomy and choledochojejunostomy will not favorably alter the disease in this stage. DuVal believes that caudal pancreaticojejunostomy should be beneficial to these patients, and it is this stage

he is interested in treating by this method. However, I doubt that the patients reported by him are actually in the burned-out stage, but certainly are approaching it, and it is excellent that improvement can be had in this group. Puestow and Gillesby indicate that pancreaticojejunostomy influences this group favorably.

Porter and Cattell are two who advocate partial or total pancreatectomy for the failures of the sphincterotomies, shunt operations either at the head or the tail of the pancreas, and for the burned-out pancreas, but their reports do not indicate brilliant successes, although an occasional good result is claimed. I doubt that any surgical method will really control the disease at this stage, and therefore strongly urge definitive surgery for chronic pancreatitis must be employed before this burned-out stage is reached. Good results can be expected in from 50 to 85 per cent of the patients who fail to receive relief by previous simple biliary tract surgery. Choledochojejunostomy in our hands has achieved a control rate of 84 per cent.

Summary

1. Chronic recurring pancreatitis responds favorably to surgical treatment.
2. Biliary tract surgery alone should be used when biliary tract disease accompanies the pancreatitis. Approximately 75 per cent freedom from pancreatitis attacks can be expected.
3. In non-biliary tract pancreatitis or failure after biliary tract surgery, sphincterotomy, choledochojejunostomy or caudal pancreaticojejunostomy are the procedures presently employed.
4. Choledochojejunostomy en Roux Y in our hands has achieved 84 per cent control of attacks with no mortality, one common duct stricture, no peptic ulcers and slight morbidity.
5. Choledochojejunostomy is useful during the stage when the recurrent pancreatitis is in the form of repeated acute attacks. It will not invoke good results in the burned-out pancreas or if the disease is approaching that stage.
6. Choledochojejunostomy apparently achieves better control in the alcoholic patient than sphincterotomy.
7. Pseudocysts can be successfully treated by external drainage, internal drainage or excision. Internal drainage and excision are preferable, but cannot always be accomplished.
8. Evidence indicates that the burned-out pan-

creas and the infection as it approaches this stage is best treated by some form of pancreaticojejunostomy, or partial or total pancreatectomy.

*Kennedy V. A. Hospital
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AN INVITATION

The Harford County Medical Society wishes to extend to the members of the Medical and Chirurgical Faculty an invitation to attend a seminar as a memorial to the late James P. Miller, M.D. The meeting will be held at the Bayou Restaurant, Route 40 at the foot of the Susquehanna Bridge, Havre de Grace, Maryland, on Wednesday, September 23, 1959. Cocktails and luncheon will be served at no charge. The time is 9:30 A.M. to 4:30 P.M.

Speakers will be Edmund McDonnell, M.D., Orthopedics; Lawrence Serra, M.D., Internal Medicine; McClelland Dixon, M.D., Obstetrics; and Abraham Finklestein, M.D., Pediatrics.

Medical friends and associates of Dr. Miller, as well as members of the Medical and Chirurgical Faculty, are invited. A brief R.S.V.P. to our secretary, Dr. Randall Ross, Havre de Grace, Maryland would be appreciated, but is not essential for attendance. Please come, in respect to one of the great silent contributors to Maryland's medicine and surgery.

The Harford County Medical Society

Special Articles

OUR PARTNERSHIP WITH LATIN AMERICA

MILTON S. EISENHOWER*

Anyone connected with Johns Hopkins would be happy and privileged under any circumstances to meet with such a distinguished group of physicians and surgeons. But I really am especially happy to be here tonight because Dr. Freeman, when he invited me to be with you, said you would have been so steeped in the technicalities of your own profession during these three days of your meeting that you would welcome an opportunity at this annual banquet to turn your thoughts into another field.

For the last six or seven years I have devoted almost all of my extramural time to another area of specialization and, as Dr. Eastland has indicated, it's about this subject that I'm going to visit with you. You'll probably think I'm a victim of my own enthusiasm when I say I am convinced that no other area of the world is as important to us now or to our future as is Latin America, but I think this assertion can be documented.

Economically, Latin America is tremendously important to us. Our cash trade with Latin America is larger than that with Europe and larger than that with the Middle East, the Far East and Oceania combined. The only area of the world that exceeds it in trade with us is Canada.

We sell to Latin America each year about \$4,000,000,000 worth of goods, and we buy a similar amount from them. Our largest investment in the world, save for Canada, is in Latin America. At the moment we have about \$11,000,000,000 invested in the 20 republics to the south. About \$2,000,000,000 of this is public, and the rest is private. Despite the stories you may hear about the mistreatment of this American capital, on the average it earns for American investors about ten per cent a year—a very good return.

Politically the area is of transcendent importance to us. If you will study the voting in the United

Nations and the other international organizations, you will find that on essentially every crucial issue these 20 republics are standing side by side with us in the whole cold war situation.

The republics of this hemisphere have developed a good many of the principles which are now incorporated into the wider international organizations. For example, the first treaty arranging mutual security was entered into in Rio de Janeiro in 1947, which predated NATO and the United Nations. Today the Organization of American States is, without any question, the most powerful regional organization in the world, with the greatest prestige.

Culturally the area is also important to us. Originally, of course, the cultural orientation of these 20 republics was to Europe. This is not surprising considering the fact that the waves of migration were from Spain and Portugal, and later from Germany, Belgium, Italy and Great Britain. But in the last 30 years there has been a remarkable change in this respect. Today 75 per cent of all Latin American students who go abroad to study come to the United States. At this moment 8,000 students from one country alone—Venezuela—are studying in the secondary schools and the colleges and universities of the United States.

English has quickly become the second language of all 20 countries. An American traveler is really put to shame by his inability in the field of linguistics because the taxi driver and the hotel clerk, as well as the university students and professors, all speak English, and we falter very badly with what little Spanish we know.

Throughout these countries are what are called "Bi-National Institutes," which are self-supporting, in which young people as well as adults everywhere are learning to speak and to read English well enough to study our history and our literature.

Militarily the area is of great importance to us. Not only can they give important help in guarding lines of communication, such as the Panama Canal, but if there were a war, most of the areas of the

Presidential Dinner address presented at the Annual Meeting of the Medical and Chirurgial Faculty, April 16, 1959.

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world which contain the resources that we import to keep our great industrial machine going would be cut off from us, and all of these materials exist in Latin American countries.

Further, while we may think of Latin America as sort of a rear-guard area in the military sense; nonetheless, if communism ever took control of one of these countries, we would think of it as a front door area. Thank goodness, communism has not taken control. It threatened in Guatemala a few years ago, you will remember, but that emergency was overcome.

With this obvious important interdependence one would naturally think, therefore, that our relationships with these republics would be essentially perfect, but they are not. Unfortunately, the people of the United States and Latin America do not really understand one another, and there cannot be fruitful cooperation between nations, any more than there can be between individuals or between groups within a single country, unless there is first of all genuine human understanding.

We of the United States are quite deficient in this respect. Certainly most of the people of this country emotionally want to feel that we are good neighbors. We have no animosity toward Latin America. We would like to be friends. But wishful thinking will not make good foreign relationships.

I doubt if many are so poorly informed as to ask, as one gentleman did before I made my study this last summer in Latin America, "What is the capital of Latin America?" But nonetheless it is true that we don't know much about Latin America, and the result is we sometimes take actions which are exceedingly harmful to them and not beneficial to ourselves.

For example, under the agricultural stabilization programs, we held cotton off the world market for a great many years in an effort to get a parity price relationship within our own country. Since we did this over a long period of years, and reduced our production by 7,300,000 acres, other countries of the world expanded their production in order to satisfy the needs of the world market. Mexico increased her production from half a million bales to two million bales a year. Nicaragua increased her production, and so did Egypt and other countries. Then, suddenly, two years ago, the Congress of the United States passed a new law—I may say, made it as a rider on an important piece of legislation, so the President of the United States was not able to veto

it—directing the Secretary of Agriculture to subsidize the export of American cotton to whatever extent necessary to regain the United States' fair share of the world market based on the record of the preceding 50 years. And so we put a lot of cotton on the world market, and thus took markets away from Mexico, Nicaragua and other countries. This really caused a devastating effect upon their economies.

A similar situation is demonstrated in zinc and lead. During World War II, many new zinc and lead mines came into production in this country. Their operations were marginal, but under the high war prices it was possible to make a profit by bringing these marginal mines into production. Well, ultimately came the time—only a few years ago—of overproduction. As you might expect, it was demanded that we stop the import of lead and zinc, and so we put up quotas. This stopped the importation of a good deal of lead and zinc from Mexico, Canada, Peru and other countries, to their severe disadvantage.

Now, the important thing to keep in mind is it doesn't benefit the United States to do this sort of thing. Let me illustrate this by using Mexico as an example:

We buy from Mexico about \$600,000,000 worth of goods and services per year, and our tourists spend about \$300,000,000 in Mexico. This gives Mexico a dollar income of \$900,000,000 a year, and she spends every cent of it right back with us in buying motor cars, telephones, typewriters, bathtubs and all the other manufactured goods that are available in this country. If we reduce our imports from them by \$100,000,000, all Mexico can do is cut her purchases from us by a similar amount. All we do in our own economy by raising a quota is to transfer the economic disadvantage from one sector of our huge economy to another. But, we hurt all of Mexico. This is one of the prices we pay for being a creditor country, as we are today—and we are the only real creditor country in the world.

Of course it is not wrong for us to want to maintain our fair share of the world's cotton market. The thing that is wrong is in suddenly changing the rules of the game. When we stop exporting cotton in large volume, other producing countries naturally increase their production and their exports. The countries I mentioned have built gins, and they've built transportation systems—all to service the business of

cotton. Then, by one act of our Congress, we made them go broke.

This is not the way to build good understanding among nations and cooperation among friends. I am convinced the American people would not let such things happen if they really understood the facts.

The Latin Americans know more about us than we do about them. All of their foreign news comes to them today from the American press associations. It is carried every day by their television stations, radio and their newspapers. Our United States Information Agency sends them radio news programs, cultural exhibits and the like, and as I have said, their students come to this country by the thousands.

But, unfortunately, a little understanding is not enough, and today there exist some very serious problems between Latin America and ourselves, all based on serious misunderstanding.

For example, I have now made studies in 17 of the 20 republics, and everywhere I have gone it has been said to me, "You don't consider Latin America to be as important to your own future as you do other parts of the world."

This statement is not true, but a great deal of history is back of it. You see, from the beginning of our history down into 1933 we did maintain a big-brother, patronizing attitude toward Latin America. We were guilty of intervention in their internal affairs, and we sometimes actually were guilty of imperialism—as in Nicaragua, Colombia, Haiti and the Dominican Republic. We reversed this policy in 1933 and have not intervened since; nor have we been guilty of imperialism since then. But memories linger. I think gradually history would not shape their opinions if it were not for other considerations. But since World War II the Latins have witnessed our spending of billions of dollars in Europe under the Marshall Plan and more billions under the Mutual Security Act. Since they didn't participate in the first program by one cent, and essentially received nothing in the second, they feel the fact that we spend billions in other parts of the world and not in Latin America is indicative of the importance that we attach to these relationships.

One can explain that, after all, the Marshall Program was initiated to restore the productive resources of Europe which were destroyed by war. During the same period Latin America's resources were not destroyed. Her trade with us increased

sixfold, and has been maintained since at this high level. So, the two situations are quite different. Further, our rehabilitation of the productive resources of Europe restored it as a buying market for Latin America, and so they benefitted, too.

In other words, Latin America sells us about 50 per cent of its exportable output, and a good share of the remainder it sells to Europe—which it could not do had it not been for the Marshall Plan.

One can also point out that the expenditures of the Mutual Security dollars is intended to build the defense perimeter for freedom around Russia and her satellites, and since Latin America wants its independence and its freedom the same as we do, these expenditures of ours are for their benefit as well as our own.

And when one is engaged in such a conversation, he can reach agreement. But, you know, the human mind seems to be like a rubber band. You can stretch it out, but when you let go, it goes right back to where it was before. And so we still hear it insisted—due to misunderstanding—that we don't really appreciate the importance of Latin America.

Another closely related misunderstanding the Latins have is that the economic resources of the United States are essentially unlimited. Therefore, they believe their inability to get loans—they do not ask for grants—from us in the desired volume represents sheer perversity on our part.

You see, they don't realize the burdens carried by the people of this country. They don't realize we have the highest taxation in the world: income tax going up to 92 per cent; corporation taxes 52 per cent; capital gains tax; sales taxes. Indeed, today the American people are paying \$130,000,000,000 a year in federal, state, local and district taxes—which is more than a third of our total national income. And even so we are experiencing a deficit of \$12,000,000,000 in this year, a fact which threatens not only our economy, but the economy of the entire free world. The Latins just see us as the great rich country to the north, and the fact that they can't get the loans they want in the volume they desire means to them that we don't really appreciate them.

Another and even more serious misunderstanding is that they feel we fix prices, always to their detriment. Wherever you go, whether you're talking to the president of a country or to university students, they may say, "We have to sell to you at prices you

offer, and we have to buy from you at prices you fix." I will come back to this point in a moment because I think it's one of the most important of all.

Another misunderstanding—this one in the political field—is of fairly recent origin. I did not encounter it when I began these studies in 1953. But in the last two years I have heard the charge that, while we respect democracy and freedom for ourselves, we support Latin American dictators. It is said that this lack of logic casts considerable reflection upon our integrity.

Now I'd like to examine one or two of these misunderstandings, because each one of them stands as an impediment to the resolution of important problems.

Let's take the one about price fixing, which, as I said, is perhaps the most serious of all. This misunderstanding arises from the fact that Latin America sells to us and to other countries raw commodities (agricultural and mineral), whose prices on the world market are subject to very wide fluctuation; whereas they buy manufactured products, whose prices are fairly rigid.

Whenever we enter a situation such as we did in our recent recession, raw commodity prices always fall faster and farther than administered prices. Indeed we had an unusual phenomenon in this recent recession—industrial prices continued to rise, but raw commodity prices went on the toboggan.

Consider the effect of these price relationships. Fifteen countries of Latin America produce coffee sold on the world market. The price of coffee dropped to 40 cents a pound f.o.b. Every time the price of coffee goes down one cent on the world market, it costs Colombia \$8,000,000 in foreign exchange, and, of course, it costs a country like Brazil many, many times that amount. The man in the street, and even some of the well informed people, honestly think this is all due to price fixing by the United States. Well, of course we don't fix prices. Either raw commodities or industrial products—they're all determined in the competitive markets of the world, as they should be. But this constant changing relationship between free world market and administered prices is a troublesome matter.

You see, in principle, this is the same problem this nation faced internally in 1933, when we sought to put into effect programs that would bring about a parity of relationship between agricultural and

industrial prices. Today in this country alone we are spending \$7,000,000,000 a year on this program in an effort to stabilize prices, and with only modest success. In fact, we have gathered into the granaries of the country so many surpluses as a result of this program, that it now costs us \$1,000,000,000 a year just to handle the surpluses. And then we spend another \$1,000,000,000 a year trying to give them away to other countries, and this causes more trouble than keeping them, because giving them away upsets normal channels of commercial trade and causes bad relationships with other countries.

If you spend this much money within a single country, think how much more difficult it is to tackle a problem where 20 or more countries of the world are concerned. Nonetheless, this is one of the worst problems existing between the 20 republics to the south and the United States. And without violating any of our basic philosophic concepts or convictions with respect to private competitive enterprise, I think we are going to have to do more to help in the future. Some encouraging actions are already underway.

A year ago our country took the initiative in setting up a study group to help analyze the coffee problem, and thus to help the nations of Latin America gather the facts that affect their situation. The facts are that they already have surpluses of coffee. Production is going up five per cent a year, but world consumption is going up only two per cent a year, and so the surpluses get worse and worse and threaten the market more and more. The 15 producing nations have, therefore, entered into a marketing compact to feed coffee to the market in an orderly fashion to keep from seriously disrupting world prices.

Now, what is true of coffee is true of essentially all the raw commodities they produce—from bananas to copper.

For example, six countries of the world produce tin. Bolivia is one of these six, and is the only country in this hemisphere which produces tin. The income of the people of Bolivia is only 80 dollars per person per year. They produce only half the food they consume. So they must sell tin to get the dollars and pounds sterling to buy food just to stay alive. Tin is the lifeblood of Bolivia.

A few years ago, due to overproduction, the price of tin dropped to 82 cents a pound. The people of Bolivia would literally have starved had the United

States not shipped them some of our surplus food. Then the six producing nations of the world got together and entered into a marketing agreement, and by their own efforts, with no cooperation from us or any purchasing nation, stabilized the price at \$1.12 a pound. This was satisfactory to all concerned, but suddenly Russia, which does not produce a surplus of tin, dumped 18,000 tons on the market, with no other purpose than to demoralize the market. This drove the price down to about 80 cents, with disastrous effect. Ironically, communist agitators in Bolivia then tried to blame the trouble on the United States.

Let's turn for a moment to the subject of credit. We must remember that in our pioneer days, from the beginning of our history down to 1878, we drew massive quantities of capital from Europe to industrialize this nation. This borrowed capital enabled the United States to become a rich and powerful nation. We began paying off the debt in 1878, and finally liquidated it by 1918. Latin America today is just about where the United States stood in the 1860's in this regard.

Modern communication has shown people everywhere that poverty is neither universal nor inevitable, and people everywhere want, through their own efforts, to achieve ever-rising levels of human well-being. Latin America needs massive amounts of capital in order to industrialize and raise the standards of living of her people.

The Export-Import Bank, since its beginning back in the '30's, has loaned to Latin America three and a half billion dollars, and by the way, every cent of it is being repaid with interest. This hasn't cost the taxpayers of this country a nickel. The International Bank has about 800 millions outstanding at the moment, and private capital amounts to nearly nine billion dollars. But the Latin Americans need much, much more than this.

They will have to take some new steps if they are going to attract both public and private capital in the amounts they need. Let me just mention one or two of these.

First, each nation of Latin America is going to have to learn to do a better job of economic analysis and planning. It must also assign priorities to the projects within the plan because credit institutions can't give all the money they want at any one time; nor could a country absorb too much at one time without serious inflationary consequences.

Second, even after determination of projects, only the most sophisticated borrower could possibly know the rules and regulations of the great array of lending institutions: the Export-Import Bank, the International Bank, the International Finance Corporation, the United States Treasury, the International Cooperation Administration, the Development Loan Fund, and then the private banks. Each of these has its rules and regulations. And what tends to happen is when the representatives of a Latin American nation find they have been refused a loan because the conditions of the project did not fit into the requirements of the lending institution they approached, they go home confused and frustrated, not knowing that if they had walked across the street to another agency they might have been successful.

We are going to have to bring about a coordination of private and public lending institutions within a focal point where an unsophisticated, but nonetheless good borrower from Latin America can come to get all the information he needs. The newest thing in this field, you may have read in the press, is that the 21 republics, including the United States, have just agreed to the establishment of a new regional credit institution, an Inter-American Bank. This new institution will have additional funds to lend, but even more important is the fact that it can provide technical help to each of the countries in planning development projects, and then serve as a coordinating center for credit information.

The most encouraging economic development within Latin America itself has to do with the common regional market. You see, most of these countries are very small—too small to support the development of volume production in new industries which could sell at prices low enough to compete with plants in Germany, Britain, France and the United States.

Have you ever stopped to think where we would be today if each of the 48 states of this nation—now the 49!—had been an independent country with its own currency and tariff walls and diplomatic missions around the world? What do you think would be the economic condition of Maryland today if it were an independent country? We would be as poor as church mice.

To overcome this situation, Central America is moving rapidly toward the development of a common market—which means that goods, services and

people, without restriction, may move as freely in the region as if it were a single country. Thus, a tire plant in Guatemala, a paper and pulp mill in Honduras, a meat packing plant in Nicaragua, a steel plant in El Salvador—having now a larger market—can develop efficiency. Since this will be known to both public and private creditors, the Central American countries will be able sooner to get the credit to establish these industries. I think this is opening up a whole new horizon to the people of Central America. If they succeed, as I'm sure they will, I would expect to see the same thing happen in the northern tier of South America, and then in the southern tier of South America.

I mentioned earlier the accusation that we support dictators, and before I conclude, I would like to explain that misunderstanding. I mentioned that in 1933 at Montevideo we solemnly agreed with the other 20 republics thereafter to adhere to policies of mutual respect, juridical equality of states and non-intervention in the internal affairs of other nations. We have steadfastly and honorably adhered to such a policy since then.

Now, you can't have it both ways. You can't observe a policy of non-intervention and simultaneously indulge in expressions of moral judgment with respect to the degree of democracy a country has. We thought we saw an answer to this dilemma in 1946 when the foreign minister of Uruguay proposed that, since no single country could express this moral judgment all the republics collectively do so. Certainly this would not be considered unilateral intervention. The United States supported the proposal, but it was defeated by the Latin American countries themselves by a vote of two to one.

Thus the charge that we favor dictatorships or support them is nonsense. But I did suggest in my report just last year to our government that in the future we make some distinction without being offensive about it—namely, that we should have only a distant handshake for dictators and what the Latins call an *abrazo*, or an embrace, for the democratic countries. This seems to have met with a fairly good response in Latin America.

The proof is in the pudding, you know. When we adopted our policy in 1933, there were ten dictators in this hemisphere. There are only three today. The truth is that when we intervened in the affairs of other nations, we actually helped the rise of some dictators. Leaving the people to their own devices,

they have moved toward freedom and democracy. The trend is very strong in this direction.

Now, I started out by saying that our substantive problems are grounded in the lack of understanding. I am convinced of this, and the development of understanding, in my judgment, is therefore the most critical need of all.

A great deal of constructive work in this direction is already going forward—exchanges of students and teachers, private exchange of information programs and cultural exchanges. But these are not enough.

I recently suggested a new and rather dramatic approach, which I hope and believe is going to be put into effect. I suggested that the Organization of American States work with the member governments to establish in each country a distinguished national commission whose sole responsibility would be to promote that relevant human understanding on which all other cooperative action must be based.

In large countries, such as the United States, Mexico and Brazil, I would like to see commissions made up of at least 100 leading citizens from the fields of education, industry, labor, government and cultural and social institutions. In the smaller countries, such as El Salvador and Panama, perhaps 25 would be enough.

I want to say emphatically that something of this sort is desperately needed. The press can help by spreading information, but it is not the business of the press to promote good relations between nations. Something more is needed than the mere lifting of the dramatic out of the total context of the life of each country. Indeed, sometimes political leaders of countries deliberately mislead their people to gain what they deem to be temporary political advantage, but nothing could be more devastating in the long run. But if 25 or 50 of the leading citizens of each country would be willing to dedicate themselves to telling their people the truth—people of such standing that when they spoke they would be believed—and if 100 citizens of our country would do the same, there is no reason why the interdependent nations of this country, to our immediate benefit and to our everlasting glory, should not develop and maintain the very best of relations.

Thank you very much.

*The Johns Hopkins University
Baltimore 18, Maryland*

STUDENT AMERICAN MEDICAL ASSOCIATION

WILSON A. HEEFNER*

In beginning this brief talk, I think it would be wise to tell you exactly what the purpose of S. A. M. A. is, and to do this I shall quote from our National Constitution: "To advance the profession of medicine; to contribute to the welfare and education of medical students; to familiarize its members with the purposes and ideals of organized medicine and to prepare its members to meet the social and moral obligations of the medical profession."

"All local chapters shall be the judges of their own members." In other words, we are completely independent and autonomous except for the fact that no such society may refuse membership on the basis of race, religion, color or sex.

The Student American Medical Association had its founding in 1950. It was conceived in the minds of several students at the University of Virginia School of Medicine who, meeting in the student lounge of that school, decided on the advisability of forming some national society which would be able to speak for medical students. Therefore, a resolution was introduced at the American Medical Association convention in 1950 to found such an organization. The American Medical Association underwrote a constitutional convention in that year, and this convention was held, with the foundation of Student American Medical Association resulting. At that time there were 41 chapters, with slightly more than 10,000 members. At the present time we have 72 chapters with more than 50,000 active and affiliate members.

In its early days the Student American Medical Association was supported almost entirely by subsidies and grants from the American Medical Association. For about the last five years we have been completely independent and autonomous financially, with total assets of 52,000 dollars, and a national income in 1958 of 312,921 dollars.

Local chapters are independent, their primary obligation to the national organization being with respect to maintenance of the provision whereby

no one may be excluded from individual membership.

National policy is administered by the House of Delegates, which meets once a year at our national convention. Each active chapter is entitled to send one delegate to the convention. He has full voting privileges. Interim maintenance of policy is by the elected national officers and the regional vice-presidents, who meet at various times throughout the year at the call of the national president or the executive secretary.

The Association at the present time is supported entirely by dues of its members and by revenue from the journal which we publish, annual convention exhibits, group life insurance programs and various other activities. We have four categories of membership. Active members: Those students who are in active chapters. Members-at-large: Those students who are attending medical schools without an active chapter or those American students in foreign medical schools who wish to associate themselves with our organization. Graduate membership: For those individuals who have completed their internship and were not members of the organization during their student years. Honorary membership is open to those friends of S. A. M. A. and others who desire to affiliate themselves with S. A. M. A. or those members who are not otherwise covered by the Constitution.

We have a national convention annually. Generally these conventions are held either in Chicago, in Philadelphia, or in San Francisco. They feature scientific programs, technical exhibits and various social functions. Annually we have 1500 to 2000 members and guests at these conventions. The Student American Medical Association also holds corporate membership in the National Intern Matching Program, a program whereby senior medical students are aided in selecting internships of their liking.

The University of Maryland Chapter, Student American Medical Association, was founded in 1954. We now have approximately 200 members, or about 60 per cent of our entire student body. Our activities on the campus include the following: monthly we publish the S. A. M. A. Newsletter, which contains news of campus life; student research projects and faculty research projects which might be of interest to the students.

Presented at the 228th meeting of the House of Delegates of the Medical and Chirurgical Faculty of Maryland on Wednesday, April 15, 1959.

* Representative from the University of Maryland School of Medicine Chapter of the Student American Medical Association.

Annually we mail internship evaluation questionnaires to the members of the intern class of that year from Maryland. These questionnaires are extremely detailed and ask the intern to fill in certain information concerning the stipend he receives, the quality of the food, the availability of outside work for his wife, the rating of the various departments, the rating of the educational program in the hospital, the number of deliveries participated in, and the number of complicated deliveries. And then there is one page devoted to the intern's personal rating of the hospital, and also recommendations to future interns considering internship at that hospital. These questionnaires are returned to the University of Maryland and are bound in a folder, which is then placed in the library where all students of the school have access to it.

We of S. A. M. A. also participate in the Freshman Orientation Week at Maryland, a rather recent innovation, which consists of a period of three days, during which time the incoming Freshman Class is acquainted with campus life. They have tours of the physical plant of Maryland and meet various members of the faculty of the school.

We send delegates to the national convention each year. The convention this year is being held in Chicago, April 29 to May 3. We are sending four representatives from Maryland this year.

That it was necessary for the Student American Medical Association to ally itself very closely with graduate and practicing physicians was recognized at the outset, and it was provided in the constitution for the academic societies or local chapters to have a close relationship with the state and local medical societies.

The constitution of our association provides that an advisory committee, composed of the dean of the medical school or his appointed representative, two faculty representatives, a county medical society representative and a state medical society representative shall be appointed. The purpose of this committee is to advise and discuss with the local chapter matters of policy and matters of procedure. This committee has been appointed at Maryland and consists of Dr. Dietrich C. Smith, chairman and associate dean of the medical school, Drs. Vernon Krahle and George Entwisle, of the faculty of Maryland, Dr. Mark Dugan, Baltimore City Medical Society, and Dr. Lewis P. Gundry, from the Medical and Chirurgical Faculty of Maryland.

On April 2 of this year, this advisory committee met in University Hospital. The purpose of this meeting was to acquaint the committee with the activities of the Maryland S. A. M. A. chapter and to attempt to establish closer relationship of the chapter with the Medical and Chirurgical Faculty of Maryland and the Baltimore City Medical Society.

It was pointed out that the local chapter receives its financial income from two sources: one dollar from each new member, amounting to about 70 dollars per year, this money being used to publish the Newsletter and defray any other minor expenses which might be incurred during the year. Then we receive 500 dollars from the student activities fund from the University through the Student Council, this money being used to send representatives to the national convention.

This year we are sending four representatives, each of them to receive 125 dollars. The Student Council at the University now feels that the local chapter should begin to absorb some of the expense of sending representatives to the national convention, although it is still quite willing to bear part of the financial burden. It was pointed out by Dr. Smith to Drs. Gundry and Dugan that a substantial number of medical schools receive financial aid from their respective state and local medical societies, the amount varying from 75 dollars to 500 dollars. The hope was expressed that Drs. Gundry and Dugan would present our problem to the respective societies which they represent for their consideration and possible aid to our chapter.

It is with the hope of achieving closer relations between the University of Maryland Student American Medical Association Chapter and the Medical and Chirurgical Faculty of Maryland that I come before you this morning. My earnest desire is that you will give due consideration to our request, presented through Dr. Gundry, for financial support in any amount you may deem fitting.

In conclusion, I would like to express my sincere thanks for your permitting me to appear before you this morning. I hope I have been able to provide a glimpse into the make-up of the Student American Medical Association. We of S. A. M. A. at Maryland are eagerly looking forward to a closer relationship with your organization in the coming years. I thank you.

*University of Maryland School of Medicine
Baltimore 1, Maryland*

Component Medical Societies



ALLEGANY-GARRETT COUNTY MEDICAL SOCIETY

LESLIE E. DAUGHERTY, M.D.

Journal Representative

DR. RICHARD MUMFORD ADDRESSES MEDICAL SOCIETY

Dr. Richard Mumford, University of Maryland School of Medicine, was the guest speaker at the bimonthly scientific meeting of the Allegheny-Garrett County Medical Society, which was held on May 13, at the Fort Cumberland Hotel.



Left to right:

DRS. H. L. TOLSON; L. MOULD; R. MUMFORD, Speaker; L. RANSOM, President, Allegheny-Garrett County Medical Society; and DR. C. BRINSFIELD, Secretary.

In a very interesting and illuminating talk, he touched on some of the newer concepts in the treatment of carcinoma of the cervix. He emphasized that in stage O of the disease (carcinoma in situ), cure rate should be 100 per cent if properly treated. Dr. Mumford also stated, that only in one-third of these patients will the lesion progress to definite invasive cancer. He stressed that except in stage O and early stage I cases, surgery is contraindicated as the treatment of choice. In a thorough review of the available data, he emphasized the approach to radical surgery in stage IV cases. In view of the desperate state of these patients who already have bladder and/or rectum invasion, such a formidable operation as exenteration procedures can be made acceptable both to the patient and the treating physician.

PERSONALS

At a recent meeting of the Allegheny-Garrett County Heart Association, Dr. William A. Van Ormer, of Cumberland, was named to serve on the Board of Directors until 1962. Dr. Ralph W. Ballin and Dr. Thomas F. Lusby, also of Cumberland, were named to the Board of Directors of the Allegheny-Garrett County Tuberculosis Association, at its annual meeting. Dr. Ton van Strien and Dr. Arthur Jones, Allegheny and Garrett County health officers, are members of the executive committee.

Dr. Mikio Kato, who has been practicing in Lonaconing for the past six months, has moved his office to Frostburg, Maryland.

Judith Zimmermann, daughter of Dr. and Mrs. C. C. Zimmermann, Cumberland, received her A.B. degree from the University of Maryland in June. She has accepted a position with the Prince George's County Health Department. Leland Ransom, the son of another Cumberland physician, Dr. Leland B. Ransom, received special honors at his recent high school graduation exercises and plans to enter Rutgers University in the fall.

The June meeting of the Allegheny-Garrett County Medical Society was held in the cafeteria of the Celanese plant at Cumberland. Members of the Medical Society were guests of the Celanese for dinner. This was followed by a tour of the Celanese plant.

DR. SKITARELIC HOST TO MARYLAND SOCIETY OF PATHOLOGISTS

The spring meeting of the Maryland Society of Pathologists was held on June 23 in Cumberland, at the home of Dr. Benedict Skitarelic, Baltimore Pike.

Physicians were present from the Department of Pathology at the National Institute of Health, Bethesda Naval Hospital, University of Maryland Medical School, and the Johns Hopkins School of Medicine. At the scientific session, Dr. Collin Wood discussed "Experimental Glomerulonephritis"; Dr. William Banfield, "An Electron Microscopic Study of the Epidermal Lesions of Molluscum Contagiosum" and Dr. Charles S. Petty discussed "Histological Demonstration of Cholinesterase Activity."

Dr. Skitarelic, pathologist for the Cumberland Memorial and Sacred Heart Hospitals, is a past president of the Association. He recently was elevated to Fellowship in the American College of Physicians and Surgeons.

ANNE ARUNDEL COUNTY MEDICAL SOCIETY

SAMUEL BORSSUCK, M.D.

Journal Representative

The regular meeting of the Anne Arundel County Medical Society was held on May 20, 1959 at the Officers' Club of the United States Naval Academy. Thirty-nine members were host to 23 medical officers of the Severn River Naval Command. After dinner the movie MD International was shown. The regular business meeting then followed.

Money was appropriated from the Society's treasury to defray speakers' expenses. Much interest in the proposal for annual reregistration of physicians was shown. Although no instructions were given the delegates at this time, many members seemed to be in favor of reregistration every second or third year, rather than annually. This is done in several states.

The Health and Accident Insurance Plan, approved by the State Society, was also approved by the County Society.

Three new members were voted into the Society, making the total membership 85 active and four emeritus members.

BALTIMORE CITY MEDICAL SOCIETY

CONRAD ACTON, M.D.

Journal Representative

The Executive Board's regular meeting was held Tuesday, June 9 at 4:30 P.M. Dr. Kimberly brought us up to date on the liability insurance situation. Since the Maryland Insurance Commissioner had defined "group" as applying to employees with deductible pay, the members of Baltimore City Medical Society do not qualify for group insurance under his definition. Two hundred and twenty-one members using it, therefore, must seek

another carrier for their liability insurance. Change from Lloyds, which cannot solicit, to the Professional Insurance Company of New York will permit advertising and solicitation and overcome a good many of the obstacles of the present carrier. Extremely favorable experience of the Baltimore City Medical Society is a further weapon whereby the agents hope to continue our current low rates in the face of rising rates throughout the country. After considerable discussion the Executive Board voted to go along with the insurance agents and authorize a change of carrier along the lines suggested by Mr. James H. Pollard.

President Whitehouse called attention to a letter from Mr. Charles P. Crane who is organizing the Community Fund Appeal this year. Mr. Crane feels the Baltimore physicians are not keeping their end up. He wants the Medical Society to do something about it. This opened a discussion of "drives" in general and what would be involved if we *did* accept Mr. Crane's challenge and try to create more enthusiasm for the Community Chest Drive? Would it involve similar drives among our members for the Associated Jewish Charities, Catholic Charities, and the many other worthy causes? Older members of the Executive Board recall that this has come up at intervals before and that the Board on each occasion had decided it could not sponsor one charity without sponsoring all. For this reason, again, the Executive Board voted not to comply with Mr. Crane's appeal, although expressing great sympathy for it.

At the last meeting, a question of compulsory polio vaccination as part of a proposed nationwide "crash" immunization program had come up in view of an apparent resurgence of polio. The Board thought it might be advisable to require vaccination for admission to school. Dr. Huntington Williams, commissioner of health for Baltimore City, discussed this aspect of the problem. He brought with him Dr. Robert E. Farber, director of communicable disease, and Dr. Kenneth Kruhlevitz, chairman of the section on general practice.

Dr. Williams pointed out that while the *objective* of compulsory poliomyelitis vaccination is a worthy one, both the State and City Health Departments feel *compulsion* is an unwise step. In the first place, polio vaccination is not readily enforceable because the vaccination leaves no recognizable scar as small-

pox does. Again, Dr. Williams stated that the greatest need for the vaccination is in the pre-school ages between one and five rather than after six. And thirdly, he felt that the whole trend of public health progress depended on education rather than compulsion. He urged the Executive Board to help in every educational aspect but keep away from anything that might seem compulsory.

Dr. Williams spoke of Baltimore's excellent health record. In Baltimore, quite different from the average throughout the country, 90 per cent of the population under age 17 has had at least one dose. This is a very high record. The Executive Board voted to go along with Dr. Williams and stress education rather than compulsion in this public health matter.

The Medical and Chirurgical Faculty amendments to the bylaws concerning dues for membership were considered in regard to the effect on the members of the Baltimore City Medical Society. It seemed evident that the dues for house officers and associate members to the Baltimore City Medical Society would remain the same. The increase asked by the Faculty would bring the *total* dues for house officers to \$7.50 per year and of the associate members to \$30 per year. This is to be referred to the Committee on Constitution and Bylaws for proper co-ordination. New members, meanwhile, are to be billed according to the new schedule.

Dr. Robert Kimberly, treasurer, reported that on the advice of the Investment Committee, funds on hand have been placed in U. S. Treasury Bonds, 25/8, due February 15, 1965. Some members of the Executive Board were a little downcast at the possibly prosaic solution offered by the Investment Committee. All agreed that the recommendations were certainly safe and proper. The treasurer found that the arrangement regarding the storage of these bonds was not satisfactory under the present banking agent. A more favorable arrangement had been made with the Mercantile Safe Deposit and Trust Company and the Board approved transfer of the account to this company.

Dr. Richard T. Shackelford, chairman of the Program Committee discussed plans for the coming year. In October Dr. Oliver Cope from Massachusetts General Hospital will talk on "The Diagnosis and Management of Hyperparathyroidism, and

Experiences Harvested from 225 Cases seen since 1932." The rest of the year's program is not completely firm.

FREDERICK COUNTY MEDICAL SOCIETY

LOUIS R. SCHOOLMAN, M.D.

Journal Representative

The Frederick County Medical Society held its regular May meeting at the Francis Scott Key Hotel Tuesday, the 19th. The speaker of the evening was Dr. James Isaacs, associate professor of surgery and full time research worker at the Johns Hopkins Medical School, who spoke on "New Horizons in Medicine." These horizons exceeded 180 degrees, for they dealt with "Space Medicine," international implications of his experiences with a Medico team, and the responsibilities of a large medical center to rural hospitals. He predicted that the full explanation of the physiology of the cell would be forthcoming from his laboratory within a month. In all, it was a most electrifying and stimulating talk.

The June meeting was held at the Frederick County Rod and Gun Club Lodge, which teeters on the brink of a rushing trout stream on Catoctin Mountain. Your correspondent, first to arrive in the drizzle, viewed the locked, dark and dripping building with somewhat less than bubbling enthusiasm. The arrival of Dr. Reid, the society secretary, laden with the bottles left over from the May meeting, lightened the gloom. Then Dr. Ash, the club member host, appeared with the key and cold beer. In a few minutes the three of us had the hall open, bright with a warming fire and cheery with clinking glasses.

The room was soon crowded with men hungrily sniffing the tantalizing aroma of steaks sizzling over the coals. A poker game with a ten cent limit was started to diminish the hunger pangs. By the time each participant had won and lost three dollars, the steaks, corn on the cob and lyonnaise potatoes were ready. With this fare within we did not mind the rain on the long drive home.

MONTGOMERY COUNTY MEDICAL SOCIETY

CHARLES FARWELL, M.D.

Journal Representative

The able medical management by members of our Society helped Suburban Hospital's disaster plan cope with an explosive virus infection of two school buses full of young people visiting Washington. Viremia was the diagnosis of the disaster. Fifty-six students and four teachers entered the hospital at 11:00 P.M. By 2:00 A.M. the sick people had been treated; the panicky people calmed; and they were able to proceed as planned. Deserving of credit particularly were: Dr. Richard Myer, Dr. Charles J. Savarese, Dr. Wilfred R. Ehrmantraut, Dr. William J. Peeples, and Dr. William von Ottingen.

Continuing to bring medical facts and advice to those people who wish to learn, the following participants in the Montgomery County Medical Speakers' Bureau are noteworthy for their talks: Belden R. Reap, Sr., M.D., "Legal Aspects of

Nursing and Nurse's Responsibility"; Carolyn S. Pincock, M.D., "Future Parents' New Baby Technique" and "Physical and Emotional Aspects of the Pre-School Child"; Jason Geiger, M.D., "Detection and Prevention of Heart Disease"; Clarence Schilt, M.D., "Marital Adjustment and Christian Values."

Dr. Henry P. Laughlin, M.D., president of our Society, has been elected by the officers of the Medical Council of the Washington Metropolitan Area to be their president, accepting office for one year on July 1, 1959. Mr. John W. Loy, executive secretary of our Society, will serve with Dr. Laughlin.

Thomas A. H. Hindman, M.D. died at the untimely age of 49 years. "With deep affection we knew him, with sincere regret we acknowledge his passing," an obituary in our Society's *Bulletin* stated. Tom was in the best sense of the words a physician and a friend. The gap his premature death leaves in the lives of his patients, friends, and community is poignantly felt by we who knew his gentle and loving kindness.

INTERNATIONAL COLLEGE OF SURGEONS NORTH AMERICAN FEDERATION TO MEET

The 24th annual congress of the North American Federation, International College of Surgeons, will be held in the Palmer House, Chicago, September 13-17.

The North American Federation covers the United States, Canada, Mexico, Cuba, Haiti, Guatemala, Honduras, El Salvador, Nicaragua, Costa Rica and Panama.



Obituaries



Jacob Ellis Finesinger, M.D.

1903-1959

A year's illness ended in death on June 19 for Dr. Jacob E. Finesinger. The noted psychiatrist was 56.

Dr. Finesinger came to the University of Maryland School of Medicine in 1950. He was professor of psychiatry and head of the department, and was a leader in promoting psychiatry as an important part of the education of medical students.

His most notable skill was in interviewing patients, in drawing out pertinent information regarding their symptoms and emotional factors. He demonstrated his techniques of interrogation for students every Saturday morning, interviewing actual patients in their presence. His chief aim was to help students sharpen their own powers of perception and develop their own resources of observation.

Dr. Finesinger graduated from Johns Hopkins University and Johns Hopkins School of Medicine, after which he interned at Boston City Hospital. He then joined the Harvard Medical School as assistant in neuropathology, later becoming associate professor of psychiatry. He was a Commonwealth Fellow at the Boston Psychopathic Hospital in the early 1930's and a fellow in psychiatry at Harvard. Further studies took him to Vienna and to Pavlov's Russian Laboratory.

During the war he did research on the selection of aircraft pilots, was consultant in neuropsychiatry for the United States Public Health Service and a member of the medical advisory board of the Selective Service System. He was also consultant to the department of medicine and surgery of the Veteran's Administration.

Surviving Dr. Finesinger are his wife, Grace, a son, a daughter, two brothers and a sister.

Harvey L. Fuller, M.D.

1915-1959

Stricken while attending the A.M.A. convention in Atlantic City, Dr. Harvey L. Fuller died June 9. He was 44.

Dr. Fuller was to have delivered a paper at the convention based on his research in the use of heparin to dissolve fatty deposits in the body which contribute to arteriosclerosis.

He was born and educated in Toronto. He practiced internal medicine both in Baltimore City and in Baltimore County. Dr. Fuller was on the staffs of Sinai and University Hospitals.

Surviving him are his wife, Betty, and three young sons.

George F. Sargent, M.D.

1883-1959

Dr. George F. Sargent, 76, who practiced in Baltimore County for more than 40 years, died June 7.

He received his medical education from the old Baltimore College of Physicians and Surgeons. During World War I he served in the Army Medical Corps, holding the rank of lieutenant colonel.

In 1919 Dr. Sargent purchased the 30-room Aigburth Manor estate in Towson, where he operated a private hospital until his retirement in 1951. He and his wife then turned it over to the Baltimore County Board of Education, moving their own residence to one of the smaller buildings on the estate.

Dr. Sargent is survived by his wife, Cora.

Homer E. Tabler, M.D.**1882-1959**

Dr. Homer E. Tabler, of Washington County, died June 9 at the age of 77. He had practiced in the community of Hancock for 54 years.

A native of Mount Crawford, Virginia, Dr. Tabler attended the University of Maryland Medical School, where he received his medical degree in 1904. He was active in politics and held the post of chairman of the State Roads Commission from 1935 to 1938.

Dr. Tabler is survived by his wife, Laura Jenkins Tabler.

Frederick V. D. Wack, M.D.**1901-1959**

Dr. Frederick V. D. Wack, 58, died May 27. He studied at the University of Maryland School of Medicine, graduating in 1927. He practiced at 513 East 39th Street in Baltimore City.

Dr. Wack's widow, Sarah Hazel Wack, survives him.





CIVIL DEFENSE

I. RIDGEWAY TRIMBLE, M.D.
*Chairman, Committee on National
Emergency Medical Service*

EDITOR

LOCATION OF EMERGENCY HOSPITALS

I. RIDGEWAY TRIMBLE, M.D.

The following list of storage sites of emergency hospitals which has just been submitted by Dr. John M. Welch, medical officer of Maryland State Civil Defense, contains new and important information.

These are the new 200 bed Civil Defense emergency hospitals, secured from the Federal Government through State matching funds. Prior to June 1959, Maryland had 20 of these hospital units stored at Sykesville, and one each at Cambridge, Frederick and La Plata. Now we have 20 more, all strategically located. It is planned for Baltimore to receive ten such emergency hospitals in case the city can act in a supporting role to some other disaster area.

Dr. Welch and the Committee on National Medical Emergency Service of the Medical and Chirurgical Faculty urge each county Civil Defense medical director and the officers of each county medical society to assume without delay the responsibility for these units. Each medical director already knows where each stored unit will be set up as a hospital, but he will need support from local physicians in training personnel to have these stored hospitals on a ready basis.

At the Montebello State Hospital, in Baltimore, one 200 bed emergency hospital has been set up, the medical supplies and equipment unpacked and arranged in accordance with the plan of these hospitals. Local county medical committees are urged to visit the hospital. Arrangements can be made by calling Dr. Welch at VERNON 7-9000, Extension 8514.

Anne Arundel County

One hospital stored at Glen Burnie Improvement Association Bldg., Crain Highway and First Avenue, S.E., Glen Burnie. One in basement of Court House on South Street and Church Circle in Annapolis.

Baltimore County

Two hospitals, both stored at Hereford High School, Hereford.

Carroll County

One hospital stored at Francis Scott Key High School near Uniontown, Md.

Cecil County

One hospital at Cecil County Civil Defense Building, North Street, Elkton.

Charles County

Two hospitals stored at Charles County Warehouse, LaPlata, Md.

Dorchester County

One hospital at Civil Defense Bldg. in Cambridge, Md.

Frederick County

Two hospitals both stored at West Frederick Junior High School on West Patrick Street.

Harford County

One hospital stored at School for Retarded Children in Havre de Grace; one stored at American Legion Home, Conowingo Road, Bel Air, Md.

Howard County

One hospital stored at Glenelg Senior High School, Glenelg, Md.

Montgomery County

One hospital stored on private property in Damascus, Md. One stored at Asbury Methodist Home in Gaithersburg, Md. One stored at Poolesville Elem. School in part and part in Beallsville, Md. on private property, and one in Laytonsville Elementary School in part and part at Laytonsville Fire House.

Prince George's County

One hospital at buildings on Fair Grounds, Upper Marlboro

St. Mary's County

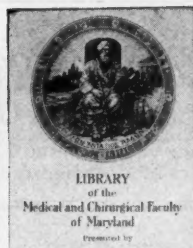
One unit at Leonardtown School in Leonardtown, Md.

Washington County

Two hospitals, both stored at 237 E. Franklin Street, Hagerstown.

Wicomico County

One hospital located at County Election and Storage House, Salisbury, Md.



Library

Louise D. C. King *Librarian*

"Books shall be thy companions; bookcases and shelves,
thy pleasure-nooks and gardens." *Ibn Tibbon*

IN FLANDERS FIELDS

*In Flanders fields the poppies blow
Between the crosses, row on row,
That mark our place; and in the sky
The larks, still bravely singing, fly
Scarce heard amid the guns below.*

*We are the dead. Short days ago
We lived, felt dawn, saw sunset glow,
Loved and were loved, and now we lie,
In Flanders fields.*

*Take up our quarrel with the foe:
To you from failing hands we throw
the torch; be yours to hold it high.
If ye break faith with us who die
We shall not sleep, though poppies grow
In Flanders fields.*

During World War I, the above little poem, written by Lt. Col. John McCrae, M.D. was on the lips and in the hearts of all English speaking people. That it caught like wildfire and like quicksilver spread in all directions, was due not solely to the author's tragic death, but perhaps prin-

cipally because of the thought expressed so exquisitely in the lovely little verse.

In these troublous times, it is well to look backward that we may go forward in the right direction; that the high ideals and purpose of the sacrifice of careers and often of lives, should not have been in vain or the lesson taught, forgotten. That their method may not be yours, should detract not at all from the inspiration of their lives.

We should be proud of the medical profession and its contribution to the safety of our way of living and should be willing to devote a little time to the reading of what made them "tick." One of the most interesting of these men would be John McCrae, a Canadian who spent some of the early years of his career in Baltimore. Let us send you a few short sketches of his life, his little book of poems, of which "In Flanders Fields" is but one, so that you may have the background of the man on which to rest your judgment of his contributions.

We can think of no better way to end this paragraph or two than to quote from a letter, one of the last he wrote, in which he thanks his mother for the following: "I would not have you unmindful that, sometimes when we save we lose."



WHERE DID I SEE THAT?

LET YOUR LIBRARY HELP YOU.



Maryland

SOCIETY OF PATHOLOGISTS INC.

LOUIS B. THOMAS, M.D., *President*

EDWARD C. MCGARRY, M.D., *Secretary*
Suburban Hospital, Bethesda, Md.



BLOOD STEROID ANALYSIS

There are five groups of steroids of endocrinologic significance: corticoids, estrogens, androgens, progesterone and aldosterone. Members of each group as well as their metabolites circulate in the plasma, either specifically bound or loosely associated with plasma proteins. Physico-chemical methods are available for all these steroids but only the assay of hydrocortisone has become a clinical laboratory method.

The problems of plasma steroid analysis seem formidable when it is appreciated that plasma hydrocortisone concentrations average about 15 mcgm. per cent and total lipids about 600 mgm. per cent. Thus the development of a practical clinical determination awaited the discovery of a sensitive and specific colorimetric assay as well as methods for separating hydrocortisone out of the mass of blood lipids.

The finding that phenylhydrazine forms a yellow hydrazone with steroids possessing the dihydroxy acetone side chain at C₁₇ made the determination of hydrocortisone in plasma practical. The hydrazone has a high molar extinction coefficient ($E_{1cm}^{1\%} = 25,000$) at 410 millimicrons. This means that the hydrazone of one mcgm. of hydrocortisone in 1 ml. of solution results in an optical density of 0.05 in the Beckman DU Model spectrophotometer in the standard 1 cm. cuvettes. Phenylhydrazine also reacts with any steroid possessing the Δ^4 -3keto grouping but the maximum adsorption of these products is at 320 $m\mu$.

The methods in use in most laboratories employ extraction of plasma by solvents such as chloroform, dichloromethane, or ethyl acetate, followed by purification of the extract by alkali washes or adsorption chromatography. The corticoid is then extracted by the phenylhydrazine reagent, the color developed and the optical density read on the spectrophotometer.

Dichloromethane is recommended as the extracting solvent because of its ease of purification and stability. Ninety-eight per cent of the hydrocortisone can be recovered from plasma with little interfering material. Plasma blanks prepared in this way give optical densities in the range of 0.002 and 0.005.

In plasma about 90 per cent of the material reacting with phenylhydrazine is hydrocortisone. Accuracy and reproducibility are good, so the method can be successfully used in a routine manner.

Care is necessary to avoid false values. It is advisable to read the optical density at 380 $m\mu$ as well, since most interfering substances have a higher adsorption below 410 $m\mu$. Thus a higher optical density at 380 $m\mu$ invalidates the determination.

A variety of substances such as bilirubin, glucose, ascorbic acid, paraldehyde, quinine, glycols, acetone, sulfamerazine, iodides, substances derived from spinach, and doubtless many others may, on occasion, interfere with the performance of the test. However, with these possibilities in mind and insistence upon a peak optical density at 410 $m\mu$, the determination of plasma hydrocortisone can be routinely performed, both accurately and precisely.



The Heart Page

William R. Scarborough, M.D. — Coeditors — Kyle Y. Swisher, M.D.

A SERVICE OF

THE HEART ASSOCIATION OF MARYLAND

SOME NEWER CONCEPTS IN MEDICAL TREATMENT OF ATHEROSCLEROSIS

FRANK W. DAVIS, JR., M.D.*

It has long been assumed that atherosclerosis is an inevitable consequence of aging. This concept has been replaced in recent years by the belief that a basic disorder of metabolism, probably of lipid metabolism, is involved, and that potentially the disease is reversible. Space prohibits documentation of the basis of this belief, but it is sufficient to say that multiple sources, both from the clinic and the laboratory, lend their support. It seems probable that multiple factors are involved in the genesis of atherosclerosis, and the metabolic defect, if present, is probably conditioned by environmental and dietary influences.

It is the intention of the present essayist to consider only those features of therapy which might be construed as being directed toward the basic underlying disease process. The long-accepted "general measures" which are intended to influence favorably the balance between ability of the coronary circulation to supply arterial blood and the metabolic demands of the myocardium might well be more practically important at the present time. It also must be emphasized that the measures to be discussed are largely experimental, not yet established as being of benefit in the human subject.

Most of the basic therapeutic steps have stemmed from the generally accepted observation that the majority of patients with atherosclerosis have abnormal serum lipid patterns, either as elevated total cholesterol levels, abnormally high triglycerides, low ratio of alpha to beta lipoproteins, or other related lipid parameters. The premise that normalization of abnormal serum levels might alter already existing atheromata is supported by animal

experimentation, but not definitely proven in man. Nonetheless, until this vital premise is validated or refuted, efforts to maintain normal serum lipids are justified if harmful effects can be avoided.

Based on the widely recognized general relationship between total dietary fat intake and clinical atherosclerosis, dieto-therapy with various types of fat restriction have been utilized for many years. Briefly, it seems fair to state that (1) reduction of total fat intake leads to modest, sometimes striking, reduction of serum cholesterol and beta lipoproteins in the majority of patients; reduction in dietary fat, to be effective, must be to the general level of 20-30 grams of fat daily, (2) unsaturated fats, high in essential fatty acids, especially linoleic acid, do not elevate cholesterol levels, and may lower the total value of abnormal lipids, if given in sufficient quantity (here one must use isocaloric substitution in order to prevent excessive weight gain), (3) cholesterol intake per se is probably not important, (4) there are suggestive, but no conclusive evidences that high fat intake encourages thrombogenesis.

The relative freedom from atherosclerosis in the menstruating female, the premature occurrence of this disease in the oophorectomized female, the delayed development of atheromata in eunuchs, and the ability of estrogen to reverse experimental atherosclerosis (coronary) in animals has offered another avenue of therapy in humans. Specifically, if given to the diseased patient in large quantities, estrogens (synthetic or natural) (1) usually will produce a pattern of serum lipid similar to that of the young menstruating female, (2) inevitably elicits unpleasant side effects, including impotence in the male and vaginal bleeding in the female. Certain clinical observations have suggested that objective improvement in coronary circulation occurs with estrogen therapy, but final decision regarding the usefulness of this approach will be determined by mortality studies in large groups of

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patients, and statistically significant supportive data are not yet available. Efforts are being widely expended to develop serum active, but "non-feminizing" agents.

It has been amply demonstrated that heparin and related substances activate a "clearing factor" (lipoprotein lipase) which is capable of temporarily modifying the abnormal lipid pattern of atherosclerosis. Although animal experiments have been suggestive of a beneficial effect in diet-induced atherosclerosis, definitive human evidence of benefit is not available. Several considerations make long-term heparin therapy impractical: (1) parenteral administration is essential (sublingual heparin is probably not adequate in subjects with abnormal lipid pattern), (2) at present the cost of this drug is beyond the means of all but the most wealthy patient.

Despite the fact that some doubt as to its mode of action exists, it seems clear that large doses of nicotinic acid are capable of lowering serum lipids. This drug is usually well tolerated if administered with meals, in doses of 3.0-5.0 grams daily, although the initial days of therapy are characterized by unpleasant side effects. The possibility of toxic complications has been widely considered, but at present significant toxicity has not been observed.

Many other agents have been used to lower serum lipids and in some instances are useful in patients with atherosclerosis. Included are thyroid extract and the newer thyroxine analogues, choline, inositol, sitosterol and others. Newer agents such as androsterone hold promise of being more useful, but are in need of more extensive study. Unrelated to the lipid-lowering drugs, but holding promise of being of benefit in treatment of patients with athero-

sclerosis is the long term maintenance of "therapeutic" levels of prothrombin depression with anticoagulant drugs, such as the coumadin derivatives. Most of the investigators interested in this aspect of therapy have reported decreased mortality in patients treated in this manner when compared with untreated controls. It is worthy of mention that some pathologists are of the feeling that the basic atheroma may be etiologically related to thrombosis and thus chronic anticoagulant therapy may be of importance in a metabolic sense as well as being a means of preventing fatal thrombo-occlusive complications.

Conclusions (1.) Atherosclerosis, the primary cause of death in the American population, is a disease, not a simple consequence of aging. Multiple factors are probably involved in its genesis, but current therapeutic efforts have been largely directed toward (a) efforts to reduce abnormal levels of serum lipids or (b) means of preventing thrombogenesis. (2.) Measures which seem capable of altering serum lipids most predictably include (a) rigid dietary fat restriction (b) administration of large doses of estrogen (c) parenteral therapy with heparin or related substances (d) nicotinic acid in amounts far exceeding physiologic needs. (3.) The most widely used approach to prevention of thrombogenesis is long term anticoagulation usually with coumadin derivatives. (4.) All of the aforementioned forms of treatment must be considered experimental, still to be proven of clinical benefit. These forms of therapy should be limited to centers where adequate means for evaluation of their effectiveness are available. For the practitioner, dietary fat restriction and nicotinic acid seem to hold the most promise at the present time.

THE HEART ASSOCIATION OF MARYLAND PRESENTS

DR. GEORGE V. MANN, Vanderbilt University Hospital: **Cholesterol Metabolism and Etiology of Atherosclerosis**

DR. HARRIET P. DUSTAN, Cleveland Clinic: **Treatment of Hypertension**

Following the Semiannual Meeting of the Medical and Chirurgical Faculty of Maryland, Saturday, September 19, 1959, 10:00 A.M. to 12 Noon, in the Beach Lounge of the Commander Hotel, Ocean City Maryland. The Heart Association of Maryland cordially invites all physicians to attend.



BALTIMORE CITY HEALTH DEPARTMENT

HUNTINGTON WILLIAMS, M.D.
COMMISSIONER

P. O. Box 1877 Baltimore 3, Md.

Plaza 2-2000: Extension 307

Learn To Do Your Part In The Prevention Of Disease

DR. ZIEGLER AND DR. PITTS ARRIVE

Two recent appointments to the City Health Department staff have brought to full professional complement the Department's Section of Preventive Medicine. After a lengthy interval the post of Assistant Commissioner of Health has been filled by Dr. Mark V. Ziegler, for many years medical director in the U. S. Public Health Service and more recently a regional medical director with the Pennsylvania State Department of Health. In the new post Dr. Ziegler will be in over-all charge of the work, investigations and community education efforts of the City Health Department's chief medical bureaus, including those of maternity and child hygiene, school hygiene communicable diseases, dental health, services for the handicapped, and related preventive services.

A native Marylander, Dr. Ziegler was born January 28, 1891 in Carroll County. Following his graduation in 1911 with an A.B. degree from St. John's College, Annapolis, he attended the University of Maryland Medical School and received an M.D. degree there in 1915. He served as a rotating intern for a year at the U. S. Marine Hospital in Baltimore. From 1915 to 1950 Dr. Ziegler was a medical director in the U. S. Public Health Service. His assignments were many and varied. In his early years with the Public Health Service Dr. Ziegler held posts as state epidemiologist for the Indiana State Department of Health, director of the division of County Health Services in the West Virginia Health Department, chief of the Boarding Division of the U. S. Quarantine Station in New York City; he served also as an examining officer for the immigrants destined for the United States at the consulates in Queenstown, Ireland, and Prague, Czechoslovakia. From 1935 to 1938 he was regional consultant in Public Health Administration for the Atlantic Seaboard. In 1942 he was regional medical officer for the Office of Civilian Defense, and in 1943 became deputy medical director in the War

Shipping Administration. From 1946 to 1948 he was chief medical officer with the Farm Security Administration, and from 1948 to 1950 he was regional medical director for the states of Maryland, Virginia, West Virginia, North Carolina, Virgin Islands, Puerto Rico and the District of Columbia.

Retiring from the Public Health Service in 1950, Dr. Ziegler was for five years director of the Bureau of Medical Services and Hospitals in the Maryland State Department of Health, and before coming to the Baltimore City Health Department was for four years regional medical director in the Pennsylvania Department of Health, where he administered 12 counties with a population of two and one-half million persons.

THE NEW CHILD HYGIENE DIRECTOR

On June 1, Dr. John L. Pitts became director of the Bureau of Child Hygiene. This bureau is responsible for the health protection of mothers and children in Baltimore City and particularly the many families with young children that cannot afford a family physician. In connection with the latter, Dr. Pitts will administer the maternity and well baby clinics in the city, our Prenatal Interviewing Service for expectant mothers at 414 North Calvert Street, and the inspection and licensing of maternity hospitals, day nurseries and nursery schools in the city, as required by special city ordinances.

Dr. Pitts has come to the City Health Department with an excellent background combining experience in private medical practice and public health work. He was born in 1926 in Roanoke, Virginia and educated in the public schools there. His medical degree was received from the Medical College of Virginia in Richmond in 1948. This was followed by an internship at the College Hospital in Richmond and a commission in the Army Medical Corps as first lieutenant. In 1949 Dr. Pitts was

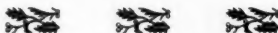
assigned to the Far Eastern Command in Tokyo with duty in pediatrics, and he attended government personnel in that area.

Separated from the service as a captain in 1950, Dr. Pitts returned for two years to the Medical College of Virginia Hospital as a resident in pediatrics. From January 1953 until January 1955 he served as assistant physician at the Harriet Lane Home Cardiac Clinic at the Johns Hopkins Hospital. This was followed by the private practice of pediatrics in Greenville, South Carolina from 1955 to 1958. During this time Dr. Pitts was a consultant in cardiology for the South Carolina State Board of

Health and its Rheumatic Fever Clinic in Greenville and consultant, and later Medical Director, at Whitten Village, a training school for mentally retarded children at Clinton, South Carolina. Stimulated by this type of public health work, Dr. Pitts spent the last academic year at the Johns Hopkins School of Hygiene and Public Health and was awarded the Master of Public Health degree there early in June.

Huntington Williams, M.D.

Commissioner of Health



ETHICS CORNER

Editor's Note: Queries regarding ethical problems are received from time to time in the Faculty office. In many cases, these queries deal with situations that arise almost daily in the practice of medicine. In other cases they are extremely unusual situations which would not occur again for many years. In an attempt to acquaint the membership of the Faculty with some of the answers to these everyday situations, this new ETHICS CORNER is being instituted. If you have a question on ethics to which you would like an answer, direct your inquiry to the Editor, Maryland State Medical Journal.

Recently some queries have arisen regarding the action of the American Medical Association's House of Delegates, which convened in Atlantic City in June, in connection with its stand on Osteopaths.

The House of Delegates adopted the following policy statement regarding such inter-professional relations:

"A. All voluntary professional associations between doctors of medicine and those who practice a system of healing not based on scientific principles are unethical.

"B. Enactment of medical practice acts requiring all who practice as physicians and surgeons to meet the same qualifications, take the same examinations and graduate from schools approved by the same agency should be encouraged by the constituent associations.

"C. It shall not be considered contrary to the Principles of Medical Ethics for doctors of medicine to teach students in an osteopathic college which is in the process of being converted into an approved medical school under the supervision of the A.M.A. Council on Medical Education and Hospitals.

"D. A liaison committee be appointed by the Board of Trustees of the American Medical Association to meet with the representatives of the American Osteopathic Association, if mutually agreeable, to consider problems of common concern including inter-professional relationships on a national level."

Inasmuch as none of these criteria apply in Maryland, the relationship of Physicians and Osteopaths, insofar as the State of Maryland is concerned, remains essentially unchanged.



MARYLAND TUBERCULOSIS ASSOCIATION

Christmas Seal Agency for State of Maryland

900 ST. PAUL STREET

BALTIMORE 2, MARYLAND

MARYLAND TB-VD HEALTH PROGRAM AMONG AGRICULTURAL WORKERS

CHARLES D. BIRD

In May, a tuberculosis and venereal disease survey among migrant agricultural laborers was begun in Kent County. The first workers to participate in this program were a group of Puerto Rican laborers who had come to work during the asparagus picking season. How this program originated is described in the following condensation of an article by Charles D. Bird, of the Division of Epidemiology and Communicable Disease Control, Maryland State Department of Health. Mr. Bird's article appeared in the Maryland State Department of Health Monthly Bulletin, Vol. 31, No. 5, May, 1959.

During the height of the agricultural season the Eastern Shore of Maryland experiences the influx of about 7,000 migrant agricultural laborers. As in other states, this seasonal labor force is highly important to the economy of Maryland, but it also presents public health problems. The high prevalence of tuberculosis and syphilis in this group concerns all states depending on migrant labor. In addition, those having tuberculosis and syphilis in infectious stages constitute a communicable disease hazard to the local residents.

The states of Maryland, Delaware and Virginia have jointly developed a cooperative plan to find and treat tuberculosis and syphilis among the migrants working in these three states. The chief points of this coordinated program of tuberculosis and venereal disease casefinding were summarized as follows:

1. In each state the effort would be carried out by partnership between the Health Department and the Tuberculosis Association.

2. Virginia, Delaware and Maryland Depart-

ments of Health agreed to coordinate carefully their efforts in tuberculosis and venereal disease casefinding and other health services to migrant farm workers during the 1959 season.

3. Each state would design its own program along the lines already developed by Delaware and would describe this briefly in a written plan.

4. These plans would be circulated between states, together with current lists of local health officers, phones and addresses, and forms which would be used.

5. All three states agreed to use a card identical in content and color to the wallet-sized one now used in Delaware. The color is important because it is changed each year (orange 1957, blue 1958, pink 1959). The three states also agreed to honor this record and not to repeat tests which may have been done in one of the other states during the year.

6. It was agreed that follow-up attempts would be made by direct referral to the local health department where the migrant was thought to have gone, rather than to route referrals through the state office.

7. It was further agreed that a resume of activities in Delaware, Maryland and Virginia, together with the sample wallet-sized card, would be sent to states farther to the north; e.g., Pennsylvania, New Jersey and New York, requesting that X-rays and blood tests not be repeated if the migrant had been checked in 1959.

8. Requests for assistance from the United States Public Health Service would be submitted separately by each state. The Public Health Service regional offices would be supplied with information and asked to inform other states. Data from each of the three states would be analyzed and compiled in a tri-state report at the end of the season.

THE 1959 MARYLAND PROJECT

The Maryland project will be patterned after the 1958 syphilis casefinding program with the addition of tuberculosis screening along with serologic

screening for syphilis. The Maryland Tuberculosis Association is a joint participant with the Maryland Department of Health, the local health departments and the Department of Employment Security. Funds and personnel for both tuberculosis and syphilis screening and syphilis follow-up will be provided by the Tuberculosis Association, the State Department of Health and the Public Health Service. The follow-up of tuberculosis suspects will be the responsibility of the county health departments and the State Health Department.

The combination of the two programs will promote efficiency, curtail costs and provide better services. X-ray technicians and venereal disease investigators will visit large labor camps and farms to give as many migrants as possible the opportunity to receive a blood test and X-ray at the same time. Identification cards will be issued to nonreactive participants as soon as results of the two tests are received, and to positive reactors following diagnosis and adequate treatment. Arrangements will be made to read small films im-

mediately and to report results before the migrant has moved on. Reactors to either or both the X-ray and blood test will be referred to local health departments or special clinics for diagnosis and treatment, if necessary.

Once a tuberculosis suspect has been referred to the local health department for a large film, the local health department will process the individual in the same manner as with any other such patient. If hospitalization is required the Bureau of Tuberculosis will make arrangements to return the patient to the state of residence, as is presently done, according to cooperative agreements of the Association of State Tuberculosis Directors.

It is believed that this tri-state project presents a real opportunity to end the interminable shifting of responsibility which has characterized this public health problem. Maryland and its two neighbors, Delaware and Virginia, will be setting an example for other states to follow, which should be a solid contribution to a most difficult and frustrating problem.

MEDICAL OFFICER NEEDED

There is an opening for a Medical Officer in the 2d Missile Battalion, 70th Artillery, Maryland Army National Guard, with its Headquarters at Towson 4, Maryland. Drill nights on Wednesday. Authorized rank up to Major. Anyone interested please contact J. E. Howell at LExington 9-3400.



THE MARYLAND ACADEMY OF GENERAL PRACTICE

(A constituent chapter of the American Academy of General Practice)

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The Eleventh Annual Assembly of the Maryland Academy of General Practice will be held at Carvel Hall in Annapolis, October 10 and 11, 1959.

The tentative program for the two day session is as follows:

Saturday, October 10, 1959

A.M.

9:30 Registration

10:30 Mr. William J. McAuliffe, Jr.—Chicago, Illinois

Member of staff of Law Department of American Medical Association

HOW TO AVOID PROFESSIONAL LIABILITY CLAIMS

11:10 Dr. Frank A. Finnerty, Jr.—Washington, D. C.

Assistant Professor of Medicine and Pharmacology, Georgetown

University and Medical Center

THE CONQUEST OF TOXEMIA OF PREGNANCY

12-1:15 P.M. Luncheon

P.M.

1:15 Dr. John H. Talbott—Buffalo, N. Y.

Professor and Head of Department of Medicine, University of Buffalo School of Medicine

GOUT IN ARTHRITIS

1:55 Dr. Jacob H. Conn—Baltimore, Md.

Assistant Professor of Psychiatry, Johns Hopkins University Medical School

THE USE OF HYPNOSIS IN GENERAL PRACTICE

2:45 Dr. Lester L. Coleman—New York City

Associate Attending Surgeon, Manhattan Eye, Ear & Throat Hospital

FREEDOM FROM FEAR

3:30 Business Meeting

6:30 Reception and Cocktails

7:30 Annual Banquet

Speaker—Dr. Fount Richardson—Fayetteville, Ark.

President of American Academy of General Practice

Sunday, October 11, 1959

A.M.

9:30 Registration

10:30 Dr. Barton Childs—Baltimore, Md.

Associate Professor of Pediatrics, Johns Hopkins University Medical School

THE PLACE OF GENETICS IN GENERAL MEDICINE

11:10 Dr. Parker R. Beamer—Indianapolis, Indiana

Professor of Pathology, Indiana University Medical Center

NEW TESTS TO AID IN THE DIAGNOSIS AND MANAGEMENT OF DISEASE

12-1:30 P.M. Luncheon

P.M.

1:30 Dr. George Devereux—Philadelphia, Pa.

Professor of Research in Ethnopsychiatry, Temple University School of Medicine

IS THE FAMILY UNIT OBSOLETE?

2:10 Clinical Demonstration

Anne Arundel General Hospital

Annapolis offers many interesting features for entertainment of the doctor's wife while he is attending the scientific sessions and business meeting. A program has been planned which includes a Heritage Tour of Historic Annapolis with visits to the colonial sites and admission to Chase-Lloyd and Hammond-Harwood Houses. Following the tour the ladies will have tea at the Governor's Mansion as guests of Mrs. Millard Tawes. A Naval Academy tour has been planned for Sunday.



Woman's Auxiliary Medical and Chirurgical Faculty



MRS. E. RODERICK SHIPLEY *Auxiliary Editor*

AUGUST, 1959



Rose Hill

(Home of Dr. Gustavus Richard Brown)

MARYLANDIA MEDICA

This spring it was my happy experience to go on a house and garden tour of Charles County.

One of the houses featured on this tour was "Rose Hill," the home of Mrs. H. E. Ryerson. Rose Hill was built about 1774 by Dr. Gustavus Richard Brown, who was George Washington's friend and physician, being present even at his deathbed.

So intimate was Dr. Brown's friendship with Washington that upstairs over the "grete room" was Washington's bedroom, reserved for his use on the many occasions that he visited Rose Hill.

Dr. Brown lies buried in a crypt in the garden of Rose Hill, and it is his epitaph to which I direct your attention—

Sacred
to the memory of
Dr. Gustavus Richard Brown
This Tomb Stone is erected
by his Relict

Margaret Brown
in testimony

of her respect and affection
and as a monument
of his Skill as a Physician
and his Learning as a Scholar
and his Wisdom as a Philosopher
and his Patriotism as a Citizen
and his Generosity as a Friend
and his Elegance as a Gentleman
and his Hospitality as a Neighbor
and his Kindness as a Master
and his Tenderness as a Husband
and Parent
and his Benevolence as a Man
died 30th Sept. 1804—56 yrs.

FUTURE NURSES CONVENTION

Approximately 400 high school students, members of the Future Nurses Clubs of America, were on

hand for the seventh annual convention which was held at the beautiful new South Hagerstown High School.

They began their activities on Friday, May 14, having provided overnight accommodations in the homes of the Hagerstown students for the delegates who were coming from a distance. The evening entertainment was provided by the Senior Class play and a dance with music by the high school band.

On Saturday morning the official program was begun by registration at 9:00 A.M. The invocation was given by the Reverend J. Russell Butcher of the Hagerstown Presbyterian Church. An address welcoming all was made by Karen Kinsinger, president of the Future Nurses of Maryland, from Northern Garrett High School, who also introduced the honored guests.

A short business meeting was held at which the main transaction was the election of officers. The installation of new officers was performed by Mrs. John O. Robben, of Montgomery County, chairman of recruitment for the Medical and Chirurgical Faculty Auxiliary. It was a most impressive service with the lighting of candles as each officer was named.

Awards were given to the two clubs who had contributed the most outstanding service during the year. These awards consist of a plaque presented jointly by the Auxiliary to the Faculty and the Maryland League for Nursing. Mrs. D. Delmas Caples, our president, presented the awards to the two high schools which tied for first place.

Franklin High School, of Reisterstown, received one award for the following services: seven of their members took the Pinkie Course in a Baltimore



MISS RHOBIA TAYLOR, Field Consultant, National League for Nursing, New York, conducted roundtable for school sponsors and vocational guidance.

Hospital, \$250 was donated to Carroll County Hospital Fund, which made them a sustaining member, \$120 to adopt a 13 year old Italian boy, an orphan from World War II, collection for the Mental Health Fund, assisting with tuberculin tests in the school, editing the *Candlelight Express* from the beginning, giving a tea for old members and friends, and creation of the "JoAnn Miller Memorial Scholarship Fund" with \$500 which they



Panel for Future Nurses Convention

Left to right: Armed services representative; Sister Bernadette, St. Josephs College; Miss Bessie Parr, Maryland General Hospital; Miss Julia Lizer, Washington County Hospital; Mrs. Shirley Keller, Washington County Hospital; Mrs. Ethel Troy, University Hospital; Mrs. E. Schroeder, Washington County Health Department; Miss Alice Sundberg, chairman of the Committee on Careers, Maryland League for Nursing



Installation of Officers, Future Nurse Clubs of Maryland

Left to right: Betty Carr, recording secretary: Kathy Cribbs, president elect: Sue Eyster, president: Karen Kinsinger, past president.

raised. They helped in the health suite at school. They toured U. S. Public Health Hospital, Franklin Square and Church Home Hospitals.

Boonsboro High School was cited for these following services: eye tests of the students in the Junior-Senior High School, records typed for the school and the health department, raised money to equip the school first aid room, entered a float in the Hagerstown Mummers Parade depicting Clara Barton and wounded soldiers of the battle of Antietam; toured Baltimore City Hospitals, sponsored a school dance that was voted the best ever held at the school. Nine members have completed the Red Cross First Aid Course. They have toured South Baltimore General and Sinai Hospitals.

The general assembly voted to donate money to send school books to Korea.

It was reported that 50 per cent of these Future Nurse Club members go into nursing and that ten per cent go into allied medical careers.

Following a coke break, the audience was reassembled for a panel presentation, "Opportunities for a Nursing Career," presided over by Miss Alice Sundberg of the Committee on Careers for the Maryland League of Nursing. Miss Julia Lizer, director of nursing, Washington County Hospital, presented the diploma programs. Sister Bernadette, assistant professor in Nursing, St. Joseph's College, presented the baccalaureate programs; Mrs. Bessie Parr, assistant director, Maryland General Hospital School of Nursing, presented the associate degree programs; Mrs. Ethel Troy, director of practical nurses of the University of Maryland, presented the practical nursing programs. Job opportunities in nursing were then presented by a head nurse, Mrs. Shirley Keller of Washington

County Hospital, an industrial and public health nurse, Mrs. E. Schroeder of Washington County Health Department, and a representative of the Army, Navy and Air Force, talked about a service career.

A most enjoyable lunch was served in the school cafeteria, enlivened by music played by the school band.

Following lunch two discussion sessions were held. One group was under the direction of Miss Mary Lou Cornelius, president of the Student Nurses Association of Maryland, for all of the students. The second group met with Miss Rhobia Taylor, field consultant of the National League for Nursing in New York City. This group was composed of sponsors, school counselors, and parents of the students.

An impressive display of exhibits from Maryland hospitals was placed in the school library for visitors to survey. Each display was accompanied by a nurse who was glad to answer questions about the respective training schools.

Much credit must be given to the members of the Future Nurses Clubs and those who worked with them to have such a successful and informative program for this convention.

BALTIMORE COUNTY AUXILIARY MEMBERSHIP LUNCHEON

At a recent meeting of the Woman's Auxiliary to the Baltimore County Medical Association, the membership was invited to the Green Spring Inn. The Rockdale Homemakers Club entertained with a program entitled, "Fashion Fantasia," written by Mrs. Herbert J. Ulrich, program chairman to the Woman's Auxiliary to the New York State Medical Association.

A business meeting was held at noon, followed by luncheon and then the charming skit.

Members of the Rockdale Homemakers Club taking part in the show were:

Mrs. Wilbur Snyder.....Narrator
Mrs. Peter Turchi.....Musical Background
Models:

Mrs. Charles Bree.....Print Dress
Miss Pat Keller

Tea Gown (Made By Mrs. Robert Keller)

Mrs. Gerard Klein.....Loungee
Mrs. Irvin Marks.....Cover Girl

Mrs. Wilmer Rehmeier.....Spring Dress
Mrs. Edwin Harrison.....Can-Can Outfit
Mrs. Gordon Woolston.....Date Dress
Mrs. Charles Shaffer...."Do-It-Yourself" Outfit
Mrs. Harvey Hanke.....Sea Shore Costume
Mrs. Henry Connelly.....Nylon Dress
Mrs. James Price
 Cotton Dress (Made By Mrs. Carrol Henkle)
Mrs. Leo Migan.....First-Aid Ensemble

Miss Betty Loo.....Ball Gown
Mrs. James Price is president of the Homemakers group. All of the outfits were made or gotten together by the models or the above mentioned.

Mrs. Thomas E. Wheeler is membership chairman of the Woman's Auxiliary and is also a member of the Rockdale Homemakers Club.

MRS. JOHN M. REHBERGER
President

AMERICAN RHINOLOGIC SOCIETY TO HOLD ANNUAL MEETING AND
SURGICAL SEMINAR

The American Rhinologic Society will hold its fifth annual meeting in the Belmont Hotel, Chicago, October 10. This will be preceded by a surgical seminar in the Illinois Masonic Hospital, Chicago, October 7-9.

THE TIME: *Friday, September 18*

THE PLACE: *Ocean City*

THE OCCASION: *Semi-Annual Meeting of
Medical and Chirurgical Faculty*

DIRECTORY*

MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND

May 31, 1958-May 31, 1959

List of Presidents—1799-1959.....	361
List of Vice-Presidents.....	361
Active Members of Component Societies	
Allegany-Garrett County.....	363
Anne Arundel County.....	363
Baltimore City.....	365
Baltimore County.....	386
Calvert County.....	389
Caroline County.....	389
Carroll County.....	389
Cecil County.....	389
Charles County.....	390
Dorchester County.....	390
Frederick County.....	390
Harford County.....	391
Howard County.....	391
Kent County.....	391
Montgomery County.....	391
Prince George's County.....	395
Queen Anne's County.....	396
St. Mary's County.....	396
Somerset County.....	397
Talbot County.....	397
Washington County.....	397
Wicomico County.....	398
Worcester County.....	399
Non-Resident Members.....	399
Widows of Former Members of the Medical and Chirurgical Faculty Who are Members of the Woman's Auxiliary.....	401
Committee Roster.....	401

* Transactions, 1959.

LIST OF PRESIDENTS—1799-1959

- 1799-1801—Upton Scott.
 1801-1815—Philip Thomas.
 1815-1820—Ennals Martin.
 1820-1826—Robert Moore.
 1826-1836—Robert Goldsborough.
 1836-1841—Maxwell McDowell.
 1841-1848—Joel Hopkins.
 1848-1849—Richard Sprigg Steuart.
 1849-1850—Peregrine Wroth.
 1850-1851—Richard Sprigg Steuart.
 1851-1852—William W. Handy.
 1852-1853—Michael S. Baer.
 1853-1854—John L. Yeates.
 1854-1855—John Fonerden.
 1855-1856—Jacob S. Baer.
 1856-1857—Christopher C. Cox.
 1857-1858—Joshua I. Cohen.
 1858-1859—Joel Hopkins.
 1859-1870—Geo. C. M. Roberts.
 1870—John R. W. Dunbar.
 1870-1872—Nathan R. Smith.
 1872-1873—P. C. Williams.
 1873-1874—Charles H. Ohr.
 1874-1875—Henry M. Wilson.
 1875-1876—John F. Monmonier.
 1876-1877—Christopher Johnston.
 1877-1878—Abram B. Arnold.
 1878-1879—Samuel P. Smith.
 1879-1880—Samuel C. Chew.
 1880-1881—H. P. C. Wilson.
 1881-1882—Frank Donaldson.
 1882-1883—William M. Kemp.
 1883-1884—Richard McSherry.
 1884-1885—Thomas S. Latimer.
 1885-1886—John R. Quinan.
 1886-1887—George W. Miltenberger.
 1887-1888—I. Edmondson Atkinson.
 1888-1889—John Morris.
 1889-1890—Aaron Friedenwald.
 1890-1891—Thomas A. Ashby.
 1891-1892—William H. Welch.
 1892-1893—L. McLane Tiffany.
 1893-1894—George H. Rohé.
 1894-1895—Robert W. Johnson.
 1895—J. Edwin Michael.
 1895-1896—Charles G. Hill.
 1896-1897—William Osler.
 1897-1898—Charles M. Ellis.
 1898-1899—Samuel C. Chew.
 1899-1900—Clotworthy Birnie.
 1900-1901—Samuel Theobald.
 1901-1902—J. McPherson Scott.
 1902-1903—William T. Howard.
 1903-1904—Eugene F. Cordell.
 1904-1905—Edward N. Brush.
 1905-1906—Samuel T. Earle, Jr.
 1906-1907—Hiram Woods.
 1907-1908—Charles O'Donovan.
 1908-1909—Brice W. Goldsborough.
 1909-1910—G. Milton Linthicum.
 1910-1911—Franklin B. Smith.
 1912—Hugh M. Young.
 1913—Archibald C. Harrison.
 1914—Randolph Winslow.
 1915—J. W. Humrichouse.
 1916—J. Whitridge Williams.
 1917—Guy Steele.
 1918—William S. Halsted.
 1919—John Ruhräh.
 1920—James E. Deets.
 1921—William S. Gardner.
 1922—Arthur H. Hawkins.
 1923—Herbert Harlan (Jan.-Aug.).
 Harry Friedenwald (Aug.-Dec.).
 1924—Philip Briscoe.
 1925—Lewellys F. Barker.
 1926—Thomas B. Johnson, Deceased
 December 25, 1925.
 1926—Josiah S. Bowen.
 1927—Thomas S. Cullen.
 1928—Peregrine Wroth, Jr.
 1929—Alexius McGlannan.
 1930—Henry M. Fitzhugh.
 1931—J. M. H. Rowland.
 1932—Eldridge E. Wolff.
 1933—J. Albert Chatard.
 1934—George O. Sharrett.
 1935—J. M. T. Finney, Sr.
 1936—Frederick D. Chappellear.
 1937—Arthur M. Shipley.
 1938—Frank B. Hines.
 1939—Dean Lewis: Acting President,
 Victor F. Cullen.
 1940—Edward P. Thomas.
 1941—Harvey B. Stone.
 1942—R. Lee Hall.
 1943—Charles R. Austrian.
 1944—Jacob W. Bird.
 1945—Carroll Lockard.
 1946—Thomas R. Chambers.
 1947—William T. Hammond.
 1948—Charles W. Maxson.
 1949—W. Houston Toulson.
 1950—A. Austin Pearre.
 1951—Walter Dent Wise.
 1952—Alan M. Chesney.
 1953—Maurice C. Pincoffs.
 1954—Bender B. Kneisley.
 1955—George H. Yeager.
 1956—William H. F. Warthen.
 1957—C. Reid Edwards.
 1958—J. Sheldon Eastland.
 1959—Leslie E. Daugherty.

LIST OF VICE-PRESIDENTS

- 1799-1848—(Unknown).
 1848-1849—John Readell, Jacob Baer,
 P. Wroth.
 1850-1851—Joel Hopkins, P. Wroth,
 Jacob Fisher.
 1851-1853—(Unknown).
 1853-1854—John Fonerden, Albert
 Ritchie, P. Wroth.
 1854-1855—George C. M. Roberts,
 Samuel P. Smith, Joel Hopkins.
 1855-1856—George C. M. Roberts,
 G. W. Miltenberger, M. Diffe-
 derffer.
 1856-1857—P. Wroth, Wm. H. Davis,
 Samuel Smith.
 1857-1858—William Waters, Fred-
 erick Dorsey, Joel Hopkins.
 1858-1859—Samuel Chew, Stephen
 N. C. White, Samuel K. Handy.
 1859-1863—John R. W. Dunbar,
 Samuel Chew, Wm. M. Kemp.
 1863-1871—John R. W. Dunbar,
 Wm. M. Kemp, John C. Hopkins.
 1871-1872—C. H. Ohr, Edward
 Warren, Richard McSherry.
 1872-1873—(Unknown).
 1873-1874—Samuel Chew, H. M.
 Wilson, A. B. Arnold.
 1874-1875—Francis T. Miles, James
 A. Steuart, D. A. O'Donnell.
 1875-1876—Christopher Johnston, A.
 B. Arnold, J. C. Thomas.

- 1876-1877—P. C. Williams, James A. Steuart, Francis T. Miles.
 1877-1878—S. C. Chew, F. E. Chatard, Charles H. Jones.
 1878-1879—James C. Thomas, L. McLane Tiffany.
 1879-1880—H. P. C. Wilson, James A. Steuart.
 1880-1881—L. McLane Tiffany, G. Ellis Porter.
 1881-1882—A. H. Bayly, I. E. Atkinson.
 1882-1883—Thomas S. Latimer, Richard McSherry.
 1883-1884—W. Stump Forward, J. S. Lynch.
 1884-1885—John R. Quinan, I. E. Atkinson.
 1885-1886—E. C. Baldwin, J. E. Michael.
 1886-1887—Thomas Opie, Richard Gundry.
 1887-1888—Charles H. Jones, James Carey Thomas.
 1888-1889—J. E. Michael, Thomas P. Evans.
 1889-1890—T. A. Ashby, C. G. W. Macgill.
 1890-1891—Geo. H. Rohé, J. McPherson Scott.
 1891-1892—J. W. Humrichouse, David Streett.
 1892-1893—J. W. Downey, J. W. Chambers.
 1893-1894—John D. Blake, John S. Fulton.
 1894-1895—Charles H. Jones, W. M. Nihiser.
 1895-1896—Charles G. Hill, Clotworthy Birnie.
 1896-1897—Wilmer Brinton, Randolph Winslow.
 1897-1898—W. F. A. Kemp, George J. Preston.
 1898-1899—Mary Sherwood, J. McPherson Scott.
 1899-1900—Samuel Theobald, David Streett.
 1900-1901—Samuel T. Earle, Jr., J. B. R. Purnell.
 1901-1902—Harry Friedenwald, B. W. Goldsborough.
 1902-1903—Samuel T. Earle, Jr., Wilmer Brinton.
 1903-1904—Franklin B. Smith, James M. Craighill.
 1904-1905—Samuel T. Earle, Jr., D. C. R. Miller, Julius A. Johnson.
 1905-1906—Charles O'Donovan, Thomas M. Chaney, Joseph B. Seth.
 1906-1907—William T. Watson, Philip Briscoe, William F. Hines.
 1907-1908—Roger Brooke, Henry L. P. Naylor, George Dobbin.
 1908-1909—Philip Briscoe, William L. Smith, G. Milton Linthicum.
 1909-1910—Philip Briscoe, A. P. Herring, Compton Riely.
 1910-1911—J. Staige Davis, H. B. Gantt, Timothy Griffith.
 1912—J. L. Riley, D. E. Stone, J. A. Chatard.
 1913—J. Staige Davis, C. F. Davison, E. B. Claybrook.
 1914—C. R. Winterson, A. L. Franklin, Gordon Wilson.
 1915—A. McGlannan, J. E. Deets, R. Lee Hall.
 1916—L. C. Carrico, M. D. Norris, J. A. Chatard.
 1917—D. E. Stone, A. H. Hawkins, J. M. H. Rowland.
 1918—Julius Friedenwald, J. E. Deets, J. McF. Dick.
 1919—J. McF. Bergland, Philip Briscoe, J. E. Deets.
 1920—T. R. Boggs, A. M. Shipley, Eugene Jones.
 1921—J. H. M. Knox, Jr., A. H. Hawkins, C. E. Davidson.
 1922—Harry Friedenwald, W. R. White, J. S. Bowen.
 1923—J. M. H. Rowland, Harry Friedenwald, Peregrine Wroth, Jr.
 1924—C. Urban Smith, J. Percy Wade, E. E. Wolff.
 1925—J. S. Bowen, T. B. Johnson, J. McF. Dick.
 1926—Standish McCleary, G. Roger Myers, S. A. Nichols.
 1927—Standish McCleary, John L. Riley, Frank S. Keating.
 1928—J. Albert Chatard, F. B. Hines, R. T. Miller, Jr.
 1929—Henry M. Fitzhugh, Robert P. Bay, Thomas R. Boggs.
 1930—F. D. Chappellear, W. T. Hammond, F. B. Hines.
 1931—W. D. Campbell, H. M. Lankford, Charles Maxson.
 1932—W. T. Hammond, John T. King, Jr., Lewis K. Woodward.
 1933—S. A. Nichols, E. H. Hutchins, W. S. Seymour.
 1934—G. C. Lockard, W. R. White, J. L. Riley.
 1935—J. McF. Dick, Louis Hamman, V. D. Miller.
 1936—Harvey G. Beck, Norman S. Dudley, Jesse O. Purvis.
 1937—Harvey B. Stone, W. A. Gracie, R. Lee Hall.
 1938—Frank S. Lynn, Richard C. Dodson, Everard Briscoe.
 1939—Victor F. Cullen, Frederic V. Beitler, William D. Noble.
 1940—Edward P. Smith, H. A. Cantwell, Charles L. Owens.
 1941—Guy L. Hunner, Charles R. Foutz, R. Lee Hall.
 1942—Maurice C. Pincoffs, Wm. F. Williams, Jacob W. Bird.
 1943—Charles Reid Edwards, A. Austin Pearre, J. Oliver Purvis.
 1944—Alan M. Chesney, William D. Campbell, Hugh R. Spencer.
 1945—William N. Palmer, Harry R. Slack, Armfield F. Var Bibber.
 1946—William D. Noble, Grant E. Ward, John S. Green, Jr.
 1947—Huntington Williams, Frank M. Wilson, J. Herbert Bates.
 1948—William Neill, Jr., Baltimore; Samuel E. Enfield, Cumberland; F. Seton Waesche, Snow Hill.
 1949—Amos R. Koontz, Baltimore; O. H. Binkley, Hagerstown; P. E. Cox, Easton.
 1950—I. Ridgeway Trimble, Baltimore; Vincent H. Davis, Chesapeake City; Thomas K. Galvin, Baltimore.
 1951—Samuel McLanahan, Baltimore; Frank D. Worthington, Frederick; Frank W. Smith, Chestertown.
 1952—Frank J. Geraghty, Baltimore; W. A. Gracie, Cumberland; Deceased 12-28-51; William F. Williams, Cumberland; R. Carmichael Tilghman, Baltimore.
 1953—George O. Eaton, Baltimore; Osborne D. Christensen, Salisbury; William F. Williams, Cumberland.
 1954—E. Paul Knotts, Denton; Ernest I. Cornbrooks, Jr., Baltimore; Ralph G. Hills, Baltimore.
 1955—Waldo B. Moyers, Hyattsville; Samuel Whitehouse, Baltimore; Charles J. Foley, Havre de Grace.
 1956—Beverly C. Compton, Baltimore; Ernest F. Poole, Hagerstown; Henry A. Briele, Salisbury.

1957—James T. Marsh, Westminster;
A. C. Dick, Chestertown; Richard
W. Te Linde, Baltimore.

1958—Archie R. Cohen, Clear Spring;
Alfred R. Maryanov, Cambridge;
Grant E. Ward, Baltimore.

1959—Robert W. Farr, Chestertown;
Page C. Jett, Prince Frederick;
Samuel Morrison, Baltimore.

ACTIVE MEMBERS OF COMPONENT SOCIETIES

Allegheny-Garrett County

Alvarez, Joseph, 101 3rd Street,
Oakland, Md.
§Ballin, R. W., 62 Greene Street,
Cumberland, Md.
§Baumgartner, E. I., Oakland, Md.
Brings, Elizabeth, 55 Greene Street,
Cumberland, Md.
Brings, Lewis, 57 Greene Street,
Cumberland, Md.
Brinsfield, Carlton, 232 Baltimore
Avenue, Cumberland, Md.
Broadrup, E. E., 202 Virginia
Avenue, Cumberland, Md.
Cawley, Frank, Memorial Hospital,
Cumberland, Md.
§Daugherty, Leslie E., 7 Washington
Street, Cumberland, Md.
Davis, John B., 2 Broadway, Frost-
burg, Md.
Diehl, H. C., Frostburg, Md.
§Doerner, Wyand F., Algonquin
Hotel, Cumberland, Md.
Durrett, Clay Earl, 236 Virginia
Avenue, Cumberland, Md.
Eliason, H. W., 126 Union Street,
Cumberland, Md.
§Faw, Wylie M., Jr., 122 S. Centre
Street, Cumberland, Md.
Feaster, James, Oakland, Md.
§Feddis, Robert, 39 Greene Street,
Cumberland, Md.
*Gardner, Charlotte B., 126 Columbia
Street, Cumberland, Md.
Gattens, Wilbur E., Frostburg, Md.
§Grove, Donald B., 122 S. Centre
Street, Cumberland, Md.
Hadihdian, Calvin Y., Hotel Algon-
quin, Cumberland, Md.
§Hallinan, James P., 140 Bedford
Street, Cumberland, Md.
Harrat, Frank T., 26 Mechanic
Street, Frostburg, Md.
Hashim, Abdul Sahib, 20 Greene
Street, Cumberland, Md.
§Himmelwright, George O., 133
Virginia Avenue, Cumberland,
Md.

§Hodges, W. R., Jr., 122 Centre
Street, Cumberland, Md.
§James, William, 441 N. Centre
Street, Cumberland, Md.
§Jacobson, Samuel M., Pershing
Street, Cumberland, Md.
Johnson, James T., Jr., 16 Greene
Street, Cumberland, Md.
Jones, Emmett L., Jr., 50 Pershing
Street, Cumberland, Md.
Kato, Mikio, Frostburg, Md.
Kroll, Mark, 110 S. Centre Street,
Cumberland, Md.
Leighton, Herbert H., Oakland, Md.
Lesh, William, Westernport, Md.
§Lewis, Thomas F., Algonquin Hotel,
Room 207, Cumberland, Md.
Ley, Leo H., Jr., 456 N. Centre
Street, Cumberland, Md.
§Lusby, Thomas F., 125 Bedford
Street, Cumberland, Md.
McLane, W. Oliver, Jr., 167 E.
Main Street, Frostburg, Md.
Mance, A. E. Oakland, Md.
Miles, Leslie R., Jr., 27 Main Street,
Lonaconing, Md.
Miller, David H., 22 Washington
Street, Cumberland, Md.
§Mirkin, A. J., 115 South Centre
Street, Cumberland, Md.
§Mould, Leslie L., 122 S. Centre
Street, Cumberland, Md.
Murray, Francis A. C., Route 6,
Cumberland, Md.
Owens, Charles L., 305 Washington
Street, Cumberland, Md.
§Paul, Earl, 36 Greene Street, Cum-
berland, Md.
§Ranson, Leland B., 63 Greene
Street, Cumberland, Md.
§Rathbone, R. R., 122 S. Center
Street, Cumberland, Md.
§Rees, David T., 702 Montgomery
Avenue, Cumberland, Md.
Reeves, J. Norman, Westernport,
Md.
Reeves, Raymond W., Westernport,
Md.

§Reiter, Ralph A., 112 Bedford Street,
Cumberland, Md.
Rothstein, Martin M., Frostburg,
Md.
§Schindler, Blaine M., 43 Greene
Street, Cumberland, Md.
§Simons, George, 128 Union Street,
Cumberland, Md.
§Skitarelic, Benedict, Memorial Hos-
pital, Cumberland, Md.
§Stegmaier, James G., Medical Build-
ing, 122 S. Centre Street, Cum-
berland, Md.
§Tolson, Howard L., 122 S. Centre
Street, Cumberland, Md.
Topper, John, Hyndman, Penna.
§Trevaskis, R. W., 220 Baltimore
Avenue, Cumberland, Md.
Trevaskis, R. W., Jr., 220 Baltimore
Avenue, Cumberland, Md.
§Van Ormer, W. Alfred, Medical
Bldg., 122 S. Centre Street,
Cumberland, Md.
Vash, George, Lonaconing, Md.
Wagner, Mildred E. S., 209 Mary-
land Avenue, Westernport, Md.
Walters, Hilda Jane, 48 Broadway,
Frostburg, Md.
Weisman, Saville G., 59 Greene
Street, Cumberland, Md.
Wenzel, J. W., Oak & Eighth Streets,
Oakland, Md.
Whitworth, Fuller B., 123 Bedford
Street, Cumberland, Md.
Williams, Richard Jones, 122 S.
Centre Street, Cumberland, Md.
Williams, W. F., 122 S. Centre Street,
Cumberland, Md.
Wolfman, Adolf, 36 Greene Street,
Cumberland, Md.
Zimmermann, Charles Conrad, 105
S. Centre Street, Cumberland,
Md.

Anne Arundel County

Alden, Manning W., Dept. of
Pathology, Anne Arundel Gen.
Hospital, Annapolis, Md.

*Deceased.

§ Wife is a member of the Woman's Auxiliary to the Medical and Chirurgical Faculty.

- Alexander, John G., Crain Highway & 2nd Avenue, Glen Burnie, Md.
 Allen, Aris Tee, 62 Cathedral Street, Annapolis, Md.
 Allen, Faye W., 62 Cathedral Street, Annapolis, Md.
 Anderson, Albert L., 44 Southgate Avenue, Annapolis, Md.
 Armstrong, Robert H., Jr., Anne Arundel General Hosp., Annapolis, Md.
 Ball, Charles L., Jr., 203 W. Maple Road, Linthicum Heights, Md.
 Beard, J. Howard, Box 626, Annapolis, Md.
 Beck, Edward S., 41 Southgate Avenue, Annapolis, Md.
 Benedict, Ludwig, Crownsville, Md.
 Borssuck, Samuel, Amos Garrett Boulevard, Annapolis, Md.
 Briscoe, Philip, 95 Cathedral Street, Annapolis, Md.
 Christhilf, Stuart, Jr., 69 Franklin Street, Annapolis, Md.
 §Codd, Francis I., Severna Park, Md.
 Davis, Edwin, Jr., 98 Cathedral Street, Annapolis, Md.
 Delgado, Gustavo, 244 King George Street, Annapolis, Md.
 Di Marco, Beatrice, 59 Franklin Street, Annapolis, Md.
 Faubert, Gustav H., 5 First Avenue, S.E., Glen Burnie, Md.
 Field, Edward G., 210 Crain Highway, S.W., Glen Burnie, Md.
 §Flax, Leonard H., 113 7th Avenue, Brooklyn Park, Baltimore 25, Md.
 *French, William J., 116 Duke of Gloucester Street, Annapolis, Md.
 Gaalaas, A. F., 10917 53rd Avenue, North, St. Petersburg 8, Fla.
 Grant, Bowie Linn, A03001769, 160, 3rd USAF Hospital, APO 231, % P.M., New York, N. Y.
 Grimaldi, Pasquale J., 4609 Governor Ritchie Highway, Baltimore 25, Md.
 Grunberg, Febus, Odenton, Md.
 Hadley, Henry G., 1252 6th Street, S.W., Washington 4, D. C.
 Hahn, Robert R., Severna Park, Md.
 Hamilton, John M., 3210 Walbrook Avenue, Apt. D, Baltimore 16, Md.
 Hawkins, John Frederick, Jr., Dividing Road, Manhattan Beach, Severna Park, Md.
 Hedeman, John L., 121 Cathedral Street, Annapolis, Md.
 Hudson, James I., Jr., Edgewater, Md.
 Johnson, Theodore H., 37 Calvert Street, Annapolis, Md.
 Jones, Bryant L., 104 S. Crain Highway, S.W., Glen Burnie, Md.
 Klawans, Maurice F., 31 Southgate Avenue, Annapolis, Md.
 Klinger, Stephen, 5107 Birchwood Drive, Oxon Hill, Washington 21, D. C.
 Lankford, Arthur, Jr., Mountain Road, Route 8, Pasadena, Md.
 Lim, Sylvia M., R.F.D. #1, Box 277-M, Edgewater, Md.
 §Linhardt, Elmer G., 3 Chesapeake Avenue, Eastport, Md.
 Linthicum, Charles M., 106 W. Maple Road, Linthicum Heights, Md.
 Loeb, Julius, 204 Crain Highway, S., Glen Burnie, Md.
 Lyons, John Gorman, 115 Spa View Avenue, Annapolis, Md.
 Lyons, Kathleen Hausmann, Paisley Road, Gibson Island, Md.
 MacDonald, Charles R., Box 296, Glen Burnie, Md.
 McLaughlin, Randall, R.F.D. 6, Box 372, Pasadena, Md.
 Manuzak, Hubert F., Eastway & Edgerly Road, Harundale, Glen Burnie, Md.
 Mapp, Lionel McHenry, Crownsville State Hospital, Crownsville, Md.
 Martin, James R., 6 Shaw Street, Annapolis, Md.
 Monias, Michael B., 69 Franklin Street, Annapolis, Md.
 Morgenstern, Jacob, 916 Ridgewood Street, Annapolis, Md.
 Mosser, Robert S., 902 Starbit Road, Towson, Baltimore 4, Md.
 Norton, Clayton, Box #1, Route #1, Arnold, Md.
 Ochs, Irving L., 51 Southgate Avenue, Annapolis, Md.
 Peeler, Richard Nevin, Box 162, Route 4, Annapolis, Md.
 §Perry, Leon C., 201 Balto. & Annapolis Boulevard, Glen Burnie, Md.
 Phillips, George McK., Crownsville State Hospital, Crownsville, Md.
 Purvis, Jesse Oliver, 40 Franklin Street, Annapolis, Md.
 Reddy, John B., 59 Franklin Street, Annapolis, Md.
 Richardson, R. L., 110 Clay Street, Annapolis, Md.
 Riley, Robert Annan, Jr., 69 Franklin Street, Annapolis, Md.
 Rodler, Edith, 45 Franklin Street, Annapolis, Md.
 Russell, John T., 113 Chesapeake Avenue, Eastport, Md.
 Sargeant, Stanley C., Crownsville, Md.
 Sheehan, Joseph Chester, 69 Franklin Street, Annapolis, Md.
 Shipley, Frank M., 63 College Avenue, Annapolis, Md.
 Sims, Neil H., 95 Cathedral Street, Annapolis, Md.
 Skerritt, Edward G., Box 7, Gambrills, Md.
 Smith, Willard F., Shady Side, Md.
 Sosnowski, A. R., 4016 Ritchie Highway, Baltimore 25, Md.
 Stephens, William P., U. S. Naval Hospital, Annapolis, Md.
 Szabo, Andrew D., Box 546, Glen Burnie, Md.
 Taler, Joseph, 102 Baltimore-Annapolis Boulevard, Glen Burnie, Md.
 Thomas, William N., Jr., 5 Boone Trail, Severna Park, Md.
 Trettin, G. Douglas, Severna Park, Md.
 Vogel, Otto, 403 N. Ritchie Highway, Glen Burnie, Md.
 Waite, Merton T., Cathedral & Deane Streets, Annapolis, Md.
 Walker, Stuart H., 184 Prince George Street, Annapolis, Md.
 Ward, Charles S., Crownsville State Hospital, Crownsville, Md.
 Warner, Mary P., 108 Monticello Avenue, Annapolis, Md.
 Weitzman, F. E., 130 Lafayette Avenue, Annapolis, Md.
 Welch, Robert S. G., 86 State Circle, Annapolis, Md.
 Wilkins, Jesse Lee, 98 Cathedral Street, Annapolis, Md.
 Wilson, Emily Hammond, Lothian P.O., Md.
 Winarz, Elizabeth A., Route 4, Box 392, Annapolis, Md.

* Deceased.

§ Wife is a member of the Woman's Auxiliary to the Medical and Chirurgial Faculty.

Winiarz, Witold V., Route 4, Box 392, Annapolis, Md.
 Wright, J. Leroy, 2539 Pickwick Road, Baltimore 7, Md.
 Yostico, Jose M., R.F.D. #1, Jessups, Md.

Baltimore City

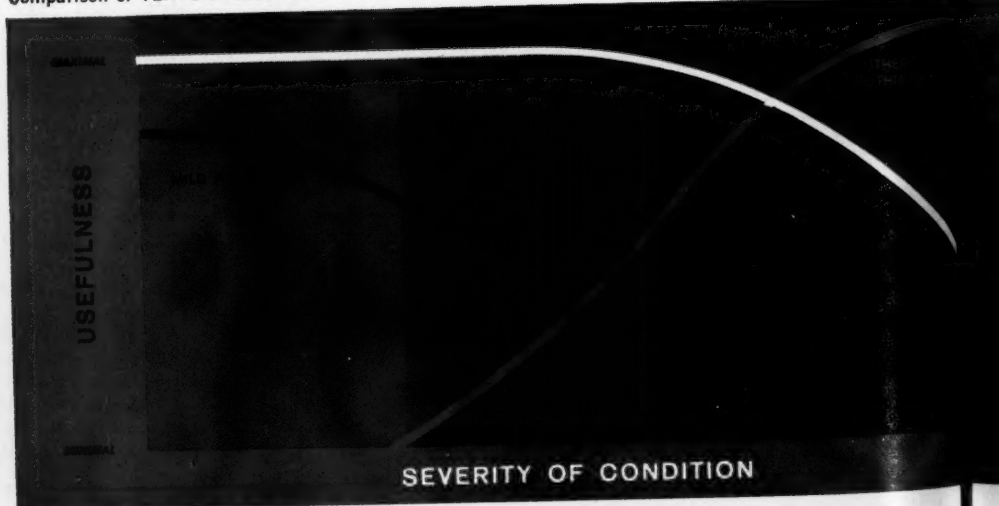
Active Members

- §Abbott, Thomas G., 4509 Liberty Heights Ave.—7
 Abercrombie, Ronald T., 100 W. University Parkway—18
 §Abeshouse, Benjamin S., 100 W. Monument Street—1
 Abraham, Robert Auman, 1511 N. York Road, Lutherville-Timonium P.O., Md.
 Abramovitz, Leonard Jerome, 2519 Talbot Road—16
 §Abrams, Michael A., 111 W. Monument Street—1
 Abrams, Robert C., 111 W. Monument Street—1
 Abrams, Samuel Joseph, 5801 Greenspring Avenue—9
 §Acton, Conrad, 1208 St. Paul Street—2
 Acton, Elizabeth, 800 Cathedral Street—1
 Adams, Frederick K., 1222 North Caroline Street—13
 Adams, Maurice L., 238 North Carey Street—23
 Adams, N. Floyd, Jr., 1118 St. Paul Street—2
 §Adams, Thurston R., University Hospital—1
 Adkins, Robert Thomas, % Post Dispensary, Indiantown Gap, Pa.
 Akman, Leonard C., 803 Cathedral Street—1
 Alagia, Damian P., 305 Frederick Avenue—28
 Alecce, A. Andrew, Route 16, Box 17—20
 Alessi, Edward J., 6217 Harford Road—14
 Alessi, Silvio A., 6217 Harford Road—14
 Alfonso, Rafael, J. I. Kernan Hospital—7
 Alimchandani, Sundri, 5541 Lothian Road—12
 Allan, Warde B., 6 E. Eager Street—2
- Allen, Ruth Margaret, 1261 E. Belvedere Avenue—12
 §Allinson, Elihu E., 2 E. Read Street—2
 Anderson, Andrew Russell, 700 Cathedral Street—1
 Anderson, Townsend W., 1612 Edmondson Avenue—23
 §Anderson, Walter Anders, 3001 Shannon Drive—13
 Andrus, E. Cowles, 9 East Chase Street—2
 Ankudas, Stanley, 847 Glen Allen Drive—29
 §Anniko, Paul Heinrich, 3800 Erdman Avenue—13
 Antlitz, Albert M., 4505 Underwood Road—12
 Applefeld, Willard, 5901 Park Heights Avenue—15
 Ardinger, Joseph S., Jr., 1202 Nuwood Drive—28
 Armanas, Henry, 1934 Wilkens Avenue—23
 Arnold, James G., Jr., 803 Cathedral Street—1
 Aronson, Neal L., 3330 Clarks Lane—15
 Arrabal, Carlos E., 3501 St. Paul Street—18
 §Artigiani, Philibert, 2305 Mayfield Avenue—13
 §Ascher, Eduard, The Latrobe—2
 Ashman, Harry, 3700 Garrison Boulevard—15
 §Ashman, Leon, 5907 Gwynn Oak Avenue—7
 §Ashworth, John W., 1129 St. Paul Street—2
 §Askin, John A., 1401 Reisterstown Road—8
 Asper, Samuel P., Jr., Johns Hopkins Hospital—5
 Atkins, Raymond, 1623 Stonewood Road—12
 Ayd, F. J., 2005 E. Monument Street—5
 Ayd, Frank J., Jr., 6231 York Road—12
 Babb, Dudley C., 1100 N. Charles Street—1
 Bacharach, David, 6027 Berkley Avenue—9
 Bacher, Norman M., 1207 Bolton Street—17
 Baermann, Wilhelm E., 33 Dundalk Avenue—22
- Baetjer, Walter A., 1101 St. Paul Street—2
 Baggott, Bartus T., 3812 Greenmount Avenue—18
 Bagley, Cecil H., Latrobe Apts.—2
 Bagley, Charles, III, University Hospital—1
 Bahnsen, Henry T., Johns Hopkins Hospital—5
 §Bakal, Daniel, 3600 Lochearn Drive—7
 Baker, Benjamin May, Jr., 9 E. Chase Street—2
 Baker, Frank W., Jr., 6222 The Alameda—12
 Baldwin, Ruth Workman, University Hospital—1
 Ballard, Margaret B., Medical Arts Building—1
 Ballich, Nicholas L., 11 E. Chase Street—2
 Band, Raymond I., 1665 Northern Parkway—12
 Banfield, Gilbert L., 722 North Fulton Avenue—17
 §Barczak, Edward M., 816 Wellington Road—12
 §Barnaby, John W., Jr., 1531 East North Avenue—13
 §Barranco, Salvatore H., 436 E. Fort Avenue—30
 §Bartemeier, Leo H., The Seton Psychiatric Institute—15
 Battaglia, Dominic Thomas, 5829 Belair Road—6
 Baum, Max, 3834 Menlo Drive—15
 §Bawden, George Abner, 323 Medical Arts Building—1
 Baylin, Morris J., 5418 Park Heights Avenue—15
 Baylus, Herman H., 1600 Wilkens Avenue—23
 Baylus, Meyer Milby, 3234 Eastern Avenue—24
 §Beacham, Edmund George, 710 Thornwood Court—4
 Beck, George H., 2102 Woodbourne Avenue—14
 Beck, Harry McBrine, 120 Midhurst Road—12
 §Beck, Nathaniel M., 2818 St. Paul Street—18
 Bell, Herbert S., 303 Hatton Point Road, Portsmouth, Va.
 Benesuns, Joseph G., 110 E. Lombard Street—2
 Benjamin, Gilbert W., Hillen Station, Western Md. Ry.—2

§ Wife is a member of the Woman's Auxiliary to the Medical and Chirurgical Faculty.

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 Grimes, S. Butler, 100 West University Parkway—10
 Grose, William E., 1201 N. Calvert Street—2
 Gross, Joseph B., 6911 Park Heights Avenue—15
 Grossman, I. Karl, 1527 E. North Avenue—13
 Grow, John Lockwood, 2 East Read Street—2
 Grubb, Wilson, 4 East 33rd Street—18
 Grumbine, Francis L., 411 N. Chapelgate Lane—29
 Guerin, Paul Frederick, 700 Fleet Street—2
 Guido, Angelina, 14 W. Mt. Vernon Place—1
 Gundersheimer, Herbert N., Cordova Apartments—17
 §Gundry, Lewis P., Relay—27
 Gundry, Rachel K., Athol, Catonsville—29
 §Gutman, Isaac, 817 St. Paul Street—2
 Guttmacher, Carola B., 819 Park Avenue—1
 Guttmacher, Manfred S., 819 Park Avenue—1
 §Haase, Frederick Robert, The Latrobe—2
 Haase, John Henry, 2926 E. Cold Spring Lane—14
 Hachtel, Frank W., 122 W. Lafayette Avenue—17
 Hackett, Paul R., 7926 Springway—4
 Hagigh, M. Reza, 3012 N. Calvert Street—18
 Hahn, Richard D., 1422 Park Avenue—17
 §Haines, John S., 11 E. Chase Street—2
 Hall, Arthur Thomas, Jr., 2 E. Read Street—2
 Hamberry, Leonard G., 1200 East 36th Street—18
 §Hamburger, Louis P., 1001 St. Paul Street—2
 Hamburger, Louis P., Jr., 1001 St. Paul Street—2
 Hammond, Anthony F., Jr., 218 Preston Court, Apt. D—28
 Hampson, Joan G., 4401 Bedford Place—18
 Hampson, John L., 4401 Bedford Place—18
 Handelsman, Jacob Charles, 1112 N. Calvert Street—2
 Hankin, Samuel J., 3479 Liberty Parkway—22
 Harbold, Harold Valentine, 4706 Harford Road—14
 Harmon, Louis E., 2224 Madison Avenue—17
 Harper, Paul, 615 North Wolfe Street—5
 Harris, Bernard, Jr., 1200 McCulloh Street—17
 §Harris, Leroy C., Jr., 1106 Bellemore Road—10
 Harrison, Clinton R., 1118 St. Paul Street—2
 Harrison, Edmund P. H., 2903 N. Charles Street—18
 Harrison, Harold E., 3001 Fordney Lane—7
 Hart, Jeremiah A., 311 West 31st Street—11
 Hartman, John Frederick, 4 N. Lakewood Avenue—24
 Hartman, Oscar, 1719 Eutaw Place—17
 Hartz, Jerome, 11 E. Chase Street—2
 Harvey, A. McGehee, Johns Hopkins Hospital—5
 Harvey, John Collins, 410 Northway—18

- Haskins, Arthur L., University Hospital—1
- Haws, John March, 1201 N. Calvert Street—2
- Hayleck, Mary L., 4401 Underwood Road—18
- *Hayward, Eugene H., 13 E. Eager Street—2
- Healy, Robert F., Medical Arts Building—1
- Hebb, Donald B., Butler, Md.
- Hebb, John H., 901 Cathedral Street—1
- Heck, Albert Frank, 3207 Montebello Terrace—14
- Hecker, Erwin, 3668 Forest Garden Avenue—7
- Heghinian, Jeannette R., 2212 South Road—9
- Helfrich, Raymond Frederick, 1120 St. Paul Street—2
- §Helfrich, William G., 5006 Roland Avenue—10
- Helrich, Martin, Department of Anesthesiology, University Hospital—1
- Henderson, Charles Morgan, 1120 N. Charles Street—1
- Herman, N. B., 1041 St. Paul Street—2
- Herold, Paul Garmer, 1222 Walters Avenue—12
- §Hersperger, W. Grafton, 12 East 33rd Street—18
- Higgins, I. Bradshaw, 2243 Madison Avenue—17
- §Highstein, Benjamin, 121 S. Highland Avenue—24
- Highstein, Gustav, 3415 Clarks Lane—15
- Hill, Claude David, 1307 Division Street—17
- Hills, Ralph G., 18 E. Eager Street—2
- Himelfarb, Albert J., 3501 St. Paul Street—18
- §Hirschfeld, John H., 6919 Harford Road—14
- Hitzrot, James M., II, 1535 E. McElderry Street—5
- Hobelmann, Charles F., 21 W. 27th Street—18
- §Hoffman, Elmer, 914 N. Charles Street—1
- Hoffman, Reuben, 3602 Forest Park Avenue—16
- §Hogan, John F., 2 East Read Street—2
- Hogan, John F., Jr., 2 East Read Street—2
- §Hollander, David H., 5514 Kemper Road—10
- Holljes, Henry Wirt Duvall, 2 East Read Street—2
- Holmes, A. Clark, 4710 Mawani Road—6
- Holt, Edward E., 3905 Duvall Avenue—16
- Holzworth, Dorothy C., 9207 Satyr Hill Road—34
- Hood, Bowman J., 317 Broxton Road—12
- Hook, Edward W., Johns Hopkins Hospital—5
- Hooper, Joseph Henry, Jr., 3305 Guilford Avenue—18
- Hooper, Z. Vance, 3534 Ellerslie Avenue—18
- Hoover, Richard E., 14 W. Mt. Vernon Place—1
- Hope, Daniel, Jr., Braewood, S. Rolling Road—28
- Hopf, Edward W., 3904 The Alameda—18
- §Hopkins, H. Hanford, 1201 N. Calvert Street—2
- Hopkins, James E. T., 205 W. Lanvale Street—17
- Hopkins, John Vernon, 418 Northway—18
- Horine, Cyrus F., Medical Arts Building—1
- Horning, Edward Douglas, 18 W. Franklin Street—1
- Horton, William Preisz, 115 Witherpoon Road—12
- Haupt, William P., 4920 Frankford Avenue—6
- §Houska, Henry John, 333 S. East Avenue—24
- Howard, John Eager, The Johns Hopkins Hospital—5
- Howard, John Tilden, 12 E. Eager Street—2
- Huffer, Virginia, University Hospital—1
- Hughes, James L., USNR, Cherry Pt. Station Hospital, 2nd Marine Air Wing, Cherry Point, N. C.
- Hulfish, Barbara, Neurology Division, University Hospital—1
- Hull, Harry Clay, 521 Medical Arts Building—1
- Hulla, Jaroslav, 2214 E. Fayette Street—31
- Hundley, J. Mason, Jr., 204 Ridgewood Road—10
- Hurwitz, Abraham B., 3403 Garrison Boulevard—15
- Hurwitz, Chester E., 2218 Eutaw Place—17
- Hutchins, Amos F., 225 Westwood Road, Wardmr., Annapolis, Md.
- §Hyatt, Irvin, 6107 Hopeton Avenue—15
- Hyde, H. C., 1100 E. North Avenue—2
- Hyman, Calvin, 2500 Eutaw Place—17
- Hyman, Nathan B., 1805 Eutaw Place—17
- Iliff, Charles Edwin, 14 W. Mt. Vernon Place—1
- §Imboden, John Baskerville, 1010 Malvern Avenue—4
- Ingalls, George Sam, 703 Cathedral Street—1
- §Insley, James K., Jr., 2200 Mayfield Avenue—13
- Ireland, Robert W., Baltimore City Hospitals—24
- Isaacs, Benjamin H., 1261 E. Belvedere Avenue—12
- Iwantsch, Alfred E., Detroit Receiving Hospital, Detroit, Mich.
- Jackson, Dudley Pennington, The Johns Hopkins Hospital—5
- Jackson, Robert L., 600 North Arlington Avenue—17
- Jacobs, Louis Llewellyn, 1701 Eutaw Place—17
- Jacobson, Meyer William, 2310 Eutaw Place—17
- Jahrreiss, Walter O., 4212 Patterson Avenue—15
- James, Walter E., 1544 Kirkwood Road—7
- Jandorf, R. Donald, 6405 Western Run Drive—15
- Janney, Nathan, 7101 Harford Road—14
- Jarrett, Edwin B., 11 E. Chase Street—2
- Jaworski, Melvin J., 2711 Eastern Avenue—24
- Jelenko, Carl, III, 2110 Uffington Road—9
- Jennings, F. Leslie, Medical Arts Building—1
- Jeppi, Joseph, 10 East Read Street—2
- Jeudy, Turgot, 520 N. Fulton Avenue—23

* Deceased.

§ Wife is a member of the Woman's Auxiliary to the Medical and Surgical Faculty.

- §Jewett, Hugh J., 1201 N. Calvert Street—2
- Johns, Richard J., Johns Hopkins Hospital—5
- Johnson, Elliot W., 3432 Frederick Road—29
- Johnson, John Triplett Haxall, 4 East Madison Street—2
- §Johnson, Marius P., Medical Arts Building—1
- Johnson, Robert W., Jr., 4 E. Madison Street—2
- Johnson, Robert W., III, 1014 St. Paul Street—2
- Johnson, William R., Medical Arts Building—1
- Jones, Benjamin F., 1201 N. Calvert Street—2
- Jones, Everett D., 101 E. Biddle Street—2
- Jones, Georgeanna S., Medical Arts Building—1
- Jones, Grace G., Park Heights Avenue, Owings Mills P.O., Md.
- Jones, H. Alvan, 1107 St. Paul Street—2
- Jones, Howard W., Jr., Medical Arts Building—1
- Jones, Norman P., 1079 Elm Road—27
- Josephs, David, Loch Raven Shopping Center, Loch Raven & Northern Parkway—12
- *Joslin, C. Loring, 105 Woodlawn Road—10
- Jovanovski, Dragi M., 2408 Eutaw Place—17
- §Kadan, Ferd E., 23 Buchanan Road—12
- Kader, Benjamin, 6901 Fieldcrest Road—15
- Kahan, E. Louis, Apt. 11, A Reider Ct., Box 966, Edgewood, Md.
- Kallins, Edward S., 4300 Liberty Heights Avenue—7
- Kaltreider, D. Frank, 1526 North-wich Road—18
- Kammer, William H., Jr., 612 W. 40th Street—11
- Kane, Harry F., 313 Southwind—4
- Kaplan, Eugene, 6304 Shelrick Drive—9
- Kaplan, Irvin B., 129 S. Broadway—31
- Kaplan, Isadore, 3314 Marnat Road—8
- Kappelman, Melvin Daniel, 817 St. Paul Street—2
- §Kardash, Theodore, Medical Arts Building—1
- Karfgin, Arthur, 1532 Havenwood Road—18
- §Karfgin, Walter E., 4331 Harford Road—14
- Karns, Clyde F., Medical Arts Building—1
- Karns, James R., 800 Cathedral Street—1
- Kassel, Leon E., 6839 Westridge Road—7
- Kates, Harry F., 517 Scott Street—30
- Katims, Robert B., 745 Lake Drive—17
- Katzenberger, James W., 4123 Frederick Avenue—29
- Kayser, Fayne A., Medical Arts Building—1
- Keller, Charles J., 222 W. Monument Street—1
- Kelly, Alma Braun, University of Md. School of Medicine, Division of Neuropathology, 520R W. Lombard Street—1
- Kelly, John Edward, Jr., Massachusetts Memorial Hospital, 750 Harrison Avenue, Boston 18, Massachusetts
- Kelly, Vernon C., 7215 York Road—12
- Kemick, Irvin B., 3736 Towanda Avenue—15
- §Kemler, Joseph I., 2230 Park Avenue—17
- Kemp, Katherine V., 722 Stamford Road—29
- Keown, Lauriston L., 431 E. Lake Avenue—12
- Kerman, Edward F., 11 East Read Street—2
- §Kern, Howard M., Esplanade Apartments—17
- Kern, Howard M., Jr., 1510 McElderry Street—5
- Kerr, Charles M., 6801 Belair Road—6
- *Ketron, Lloyd W., 1125 St. Paul Street—2
- §Kiefer, Lester, 1115 Granville Road—7
- Kieffer, Richard F., Jr., 5000 Spring-lake Way—12
- Kiel, August, Jr., 2 W. Read Street—1
- §Kilby, Walter L., Medical Arts Building—1
- §Kimberly, Robert C., 1014 St. Paul Street—2
- §Kimmel, Louis E., Jr., 925 Lenton Avenue—12
- Kimzey, Fritz J., 2700 Harford Road—18
- King, John T., 1210 Eutaw Place—17
- King, Joseph D. B., 1210 Eutaw Place—17
- King, R. Taylor, 24 East Eager Street—2
- Kirby, Francis J., 1138 Obispo Avenue, Coral Gables, Fla.
- Kirkpatrick, Crawford N., Jr., 6 East Eager Street—2
- Kirsh, Milton B., 2320 Eutaw Place—17
- Kitlowski, Edward A., 3301 North Charles Street—18
- Klee, Gerald D., University of Md. Psychiatric Institute, 645 Redwood Street—1
- Kleiman, Allen, 1115 N. Calvert Street—2
- Kleiman, Bernard S., 1113 North Calvert Street—2
- Kleiman, Norman R., 3803 Edmondson Avenue—29
- Klein, Donald F., 714 York Road—4
- Klein, S. Wayne, 511 Castle Drive—12
- §Klemkowski, Irvin P., 2 East Read Street—2
- Klīmas, Albinas, 1117 Wedgewood Road—29
- §Klimes, Louis F., 2623 E. Monument Street—5
- §Klinefelter, Harry F., Jr., 1101 N. Calvert Street—2
- Klotz, Ben, 817 St. Paul Street—2
- Knell, Joseph A., Jr., 6131 Dunrom-ing Road—12
- Knipp, George A., 4116 Edmondson Avenue—29
- Knipp, Harry Lester, 4116 Edmondson Avenue—29
- Knowles, Paul W., 6205 Plantview Way—24
- Knox, J. H. Mason, III, 600 W. Belvedere Avenue—10
- §Kochman, Leon A., 3508 Denison Road—15
- Koenker, Rolf J., 3011 The Alameda—18
- Koetter, Hans J., 5600 Harford Road—14

* Deceased.

§ Wife is a member of the Woman's Auxiliary to the Medical and Chirurgical Faculty.

§Kohlerman, Nicholas J., The Latrobe Apartments—2
 Kohlmeier, Werner A., 2401 Everton Road—9
 §Kohn, Walter, 102 E. Fort Avenue—30
 Kolman, Lester N., 3700 Park Heights Ave.—15
 §Kolodner, Louis J., 2502 Eutaw Place—17
 §Koontz, Amos R., 1014 St. Paul Street—2
 Korman, William, Esplanade Apartments—17
 Kotz, Leonard, 6819 Reisterstown Road—15
 Kourey, Salem W., 4404 Bedford Place—18
 Krager, John M., 1658 Ramblewood Road—12
 Krause, Louis, 11 E. Chase Street—2
 Kravitz, Sheldon C., 2415 Kenoak Road—9
 §Krejci, John J., 2 East Read St.—2
 Kremen, Abraham, 2355 Eutaw Place—17
 §Krepp, Martin W., Jr., 1114 St. Paul Street—2
 Kress, Milton B., Medical Arts Building—1
 Krevans, Julius R., 5720 Uffington Rd.—9
 Krieg, Edward L. J., 510 N. Chapel Gate Lane—29
 Krulevitz, Kenneth, 400 N. Hilton Street—29
 Krumrein, Louis F., 722 N. Kenwood Avenue—5
 Kudirka, Justinas, 2151 Wilkens Avenue—23
 §Kuehn, Frank G., 1511 Cranwell Rd., Lutherville, Md.
 Kunkowski, Andrew, 2529 Eastern Avenue—24
 Kurland, Albert A., 6207 Winner Avenue—15
 Kyper, Fred T., 827 Park Avenue—1
 §Lachman, Harry, 2322 Callow Ave.—17
 LaForest, Albert L., 822 N. Bond Street—5
 Lally, Leo A., 3517 Edmondson Avenue—29
 Lambros, Byruth L., 213 Mallow Hill Road—29
 Landmesser, Walter Earl, Jr., 218 Medical Arts Building—1

§Lang, Milton Charles, 2117 Belair Road—13
 Langenfelder, Henry E., 104 W. Madison Street—1
 Langworthy, Orthello Richardson, 800 Malvern Avenue—4
 Lapp, Herbert Walter, 4804 Frederick Avenue—29
 Laukaitis, Joseph G., 679 Washington Boulevard—30
 Lavy, Louis T., 1844 W. North Avenue—17
 Lawrence, Carteret, Gibson Island, Md.
 Leach, C. Edward, 14 E. Eager Street—2
 Lebo, Lester, 1801 Eutaw Place—17
 *Lederman, Edward I., 4505 Maine Avenue—7
 Le Doux, Clarence W., 3023 Eastern Avenue—24
 Lee, Benjamin B., 1205 Ten Oaks Road—27
 Lee, Charles Dudley, Sr., 3300 Carlisle Avenue—16
 Lee, Lionel Boon Quee, Union Memorial Hospital—18
 Leeper, Lucius W., 1136 Poplar Grove Street—16
 Legge, John E., 700 Cathedral Street—1
 Legum, Samuel, 1261 E. North Avenue—2
 Leipold, Ernest A., Jr., 7400 Dorman Drive—8
 Leitz, T. Frederick, Temple Garden Apartments—17
 Lemischika, Andrew, 2604 E. Baltimore Street—24
 Lenhard, Raymond E., 1107 St. Paul Street—2
 Lerner, Philip F., 1111 St. Paul Street—2
 Leslie, Franklin Earl, 18 Charlcote Place—18
 Lesser, Lucila Pascual, 3429 Reisters-town Road—15
 Levi, Ernest, 817 St. Paul Street—2
 Levi, J. Elliot, 1020 St. Paul Street—2
 Levickas, Herbert J., 5305 East Drive—27
 Levin, H. Edmund, 3400 Hilton Road—15
 Levin, Manuel, 4818 Reisterstown Road—15
 §Levin, Milton, 2240 Eutaw Place—17

Levin, Morris Benjamin, 218 E. University Parkway—18
 Levin, Norman, 3503 Milford Avenue—7
 Levine, Hilbert M., 2814 Cheswold Road—9
 Levine, Stuart C., 809 Cathedral Street—1
 Levy, Allan Henry, Johns Hopkins Hospital—5
 §Lewy, Charles S., Medical Arts Bldg.—1
 Levy, David Alfred, 5420 Greenspring Avenue—9
 Levy, Isidore I., 3530 Hilton Road—15
 §Levy, Kurt, 3103 North Charles Street—18
 Lewis, J. L., Jr., 11 E. Chase Street—2
 §Lewison, Edward F., 1020 St. Paul Street—2
 Liang, Ping Y., 700 Cathedral Street—1
 Liberles, Lucille, 1739 Eutaw Place—17
 §Liberto, Joseph R., 3508 Bank Street—24
 Lichtenstein, Gemma M., 6731 Queens Ferry Road—12
 Lieberman, Alfred T., 29 E. Mt. Vernon Place—2
 Lilienfeld, Samuel, 2926 E. Cold Spring Lane—14
 Linas, Sidney, 1211 Eutaw Place—17
 Linberg, Eugene, Dept. of Thoracic Surgery, University Hospital—1
 Linden, Harry, 14 S. Broadway—31
 §Lindenberg, Richard, 700 Fleet Street—2
 Li Pira, Joseph Francis, 8400 Loch Raven Blvd.—4
 Lippman, Eli Morton, 3807 Clarks Lane—15
 Lippy, George D., 206 Kemble Road—18
 Lisansky, Ephraim T., 3210 Liberty Heights Avenue—15
 Lister, Leonard M., 2500 Eutaw Place—17
 Liteanu, Michael, 2713 Geartner Road—9
 Little, Luther E., 10 W. Madison Street—1
 §Liu, Sze-Jui, 5301 Harford Road—14
 Livingston, Samuel, 1039 St. Paul Street—2

* Deceased.

§ Wife is a member of the Woman's Auxiliary to the Medical and Chirurgical Faculty.

- Loch, Walter E., 1039 North Calvert Street—2
- Lockard, James Douglas, 802 Cathedral Street—1
- Loker, F. Ford, 1120 St. Paul Street—2
- §Long, John Herman, 11 E. Chase Street—2
- Long, W. Newton, Jr., 3332 St. Paul Street—18
- Longley, George H., R.F.D. #2, Cambridge, Md.
- Lord, Mason F., 4204 Underwood Road—18
- Love, Thomas A., Thurmont, Md.
- Love, William S., 1214 N. Calvert Street—2
- §Lovitt, William V., Jr., 1106 Sleepy Dell Court—4
- Lowitz, Irving Robert, 6021 Highgate Drive—15
- Lumpkin, Morgan Leroy, 914 N. Charles Street—1
- §Lumpkin, Wm. Randolph, 618 Valley Lane—4
- Lupo, Deonis M., 11 E. Chase Street—2
- Luttrell, Charles Nelson, Jr., 3114 Moravia Road—14
- §Lyden, Robert James, 601 Middlesex Road—21
- §Lynn, William D., 5002 St. Albans Way—12
- §Lyon, James A., Jr., Radiology Department, University Hospital—1
- Lyons, William B., Paisley Road, Gibson Island, Md.
- McAfee, John G., 608 Windwood Road—12
- McCarthy, Charlotte, 2919 St. Paul Street—18
- McCarty, H. D., 37 W. Preston Street—1
- McCauley, A. Franklin, 302 E. 33rd Street—18
- §McClafferty, William J., 315 Saint Dunstons Road—12
- McClary, Allan R., 411 Alabama Road—4
- McCosh, James N., 6305 York Road—12
- McCluer, Shirley M., Montebello State Hospital—18
- McDonald, George, 844 North Carey Street—17
- McDonnell, Edmond J., 4 East Madison Street—2
- McElwain, Howard B., 31 E. North Avenue—2
- McFadden, Robert B., The Latrobe Building, Charles & Read Streets—2
- McGrath, Dennis Joseph, 8358 Loch Raven Boulevard—4
- McIntyre, Patricia A., 840 Robinhood, Shreveport, La.
- McKenzie, W. Raymond, Medical Arts Building—1
- McKusick, Victor A., Johns Hopkins Hospital—5
- §McLanahan, Samuel, 108 E. 33rd Street—18
- McLean, George, Medical Arts Building—1
- McLean, Ross L., Department of Medicine—Emory University, 69 Butler Street, S.E., Atlanta 3, Ga.
- McNally, Hugh B., 1008 Winding Way—10
- McQueen, J. Donald, Baltimore City Hospitals, Dept. Surgery, 4940 Eastern Avenue—24
- Macek, Francis John, Jr., 309 Edsdale Road—29
- Machen, John W., 6331 Belair Road—6
- Macht, Allan H., 3414 Janellen Drive—8
- Macht, David I., 6110 Biltmore Avenue—15
- MacGibbon, John B., 607 Latrobe Building—2
- Mack, H. Patterson, 3829 Arbutus Avenue—7
- Mackowiak, Stephen C., 6714 Holabird Avenue—22
- MacLaughlin, D. C., 4508 Edmondson Village—29
- MacLean, Angus L., 1201 N. Calvert Street—2
- MacMinn, Charles C., Jr., 2911 E. Baltimore Street—24
- Magladery, John William, Johns Hopkins Hospital—5
- §Magruder, William Wailes, 307 Broxton Road—12
- §Mahon, Robert Joseph, 2802 Moor-gate Road—22
- Mahoney, Florence I., 3601 Greenway—18
- §Mallis, Nicholas, 3301 N. Charles Street—18
- Mandy, Arthur J., 3802 W. Rogers Avenue—15
- Mandy, Theodore E., 3802 W. Rogers Avenue—15
- §Manieri, Frank V., 3503 Crossland Avenue—13
- Mansberger, Arlie Roland, Jr., 3513 Sussex Road—7
- §Mansdorfer, G. Bowers, 2937 N. Charles Street—18
- §Mansfield, W. Kenneth, The Latrobe Building, 2 E. Read Street—2
- Marandi, Kazem A., 15 East Biddle Street—2
- Marburg, Rudolf, 2 East Read Street—2
- §Marek, Charles B., 3300 The Alameda—18
- Marine, David N., 1733 Bolton Street—17
- Marino, Frank C., 1129 St. Paul Street—2
- §Markley, Raymond Law, Medical Arts Building—1
- Markowitz, Milton, 1027 N. Calvert Street—2
- Marr, Ernest G., 516 Cathedral Street—1
- Marr, William G., 10 E. Chase Street—2
- Marriott, Henry J. L., 1203 Boyce Avenue—4
- §Martin, Lay, 1201 N. Calvert Street—2
- Maser, Louis R., 4335 Park Heights Avenue—15
- Maseritz, I. H., Temple Garden Apts., Cloverdale Road & Madison Avenue—17
- Mason, Robert E., 9 E. Chase Street—2
- Mass, Christian S., 413 Nottingham Road—29
- Matchar, Joseph Charles, 4004 Liberty Heights Avenue—7
- Mattingly, Richard F., 1115 Bellemore Road—10
- Maumenee, A. Edward, Johns Hopkins Hospital—5
- Maxson, Charles W., Point Pleasant, N. J.
- May, Robert E., 1200 Woodbourne Avenue—12
- Mayer, Erwin E., The Esplanade—17
- §Mays, Howard Brooks, 3301 N. Charles Street—18
- Mead, Joseph Anthony, Jr., Mercy Hospital—2

§ Wife is a member of the Woman's Auxiliary to the Medical and Chirurgical Faculty.

- Meath, James A., 8 Charlcote Place—18
- §Mech, Karl F., 11 E. Chase Street—2
- Mehlhop, Fred H., 5814 Edgepark Road—14
- Mendeloff, Albert I., Sinai Hospital—5
- Menning, Joseph H., 101 West Read Street—1
- Meranski, Israel P., 3354 Dolfield Avenue—15
- Merkel, Walter C., Union Memorial Hospital—18
- Meyer, Eugene, III, 809 W. Lake Avenue—10
- Michael, Arnold H., 2425 Hunt Drive—9
- Michel, William, 1015 Poplar Grove Street—16
- Michels, Joseph T., 11 E. Chase Street—2
- Michelson, Elliott, 1801 Eutaw Place—17
- §Middleton, B. Martin, 319 Medical Arts Building—1
- Middleton, Edmund Bishop, 3741 Beech Avenue—11
- Milan, Albert Richard, 320 E. 33rd Street—18
- Milan, Edward Fortune, 682 Washington Boulevard—30
- Millea, William L., 3101 St. Paul Street—18
- *Miller, Benjamin, 2030 Wilkens Avenue—23
- Mildvan, Albert S., U.S.P.H.S., Dept. Gerontology, Baltimore City Hospitals—24
- Miller, George H., A03077073, 3345th U.S.A.F. Hospital, Chanute A.F.B., Ill.
- Miller, Harry A., 2452 Eutaw Place—17
- Miller, Isaac, 1228 South Charles Street—30
- Miller, Jacob M., 1613 E. Baltimore Street—31
- *Miller, James Patton, 804 Cathedral Street—1
- §Miller, John Ernest, 710 E. Seminary—4
- Miller, John Harold, X-ray Department, Church Home and Hospital—31
- Miller, Joseph G., 107 W. Saratoga Street—1
- Miller, Max J., 1047 Ingleside Avenue—28
- Miller, Mitchell H., 600 W. Belvedere Avenue—10
- Miller, Stanley, 914 N. Charles Street—1
- Milnor, William R., 801 Malvern Avenue—4
- §Mintzer, Donald W., 1922 E. Belvedere Avenue—14
- Mirick, George S., Baltimore City Hospitals—24
- Mitchell, George W., 2 W. University Parkway—18
- §Mitchell, John A., 422 Medical Arts Building—1
- Mitchell, Joshua Raymond, III, 2305 Chelsea Terrace—16
- Molumphy, Paul Edward, 1561 Stonewood Road—12
- Monninger, Arthur C., 800 East North Avenue—2
- Montgomery, Richard A., Jr., 1856 N. Wolfe Street—13
- Moore, Alfred C., 2122 Broening Highway—24
- Moore, James I., 11 E. Chase Street—2
- Moore, Kirk, The Latrobe—2
- Moores, J. Duer, 3105 Bel Air Road—13
- Morgan, Russell H., Johns Hopkins Hospital—5
- §Morgan, Zachariah R., 10 E. Eager Street—2
- Morningstar, George L., A022319817 (MC), Flight Surgeon's Office, Pope A.F.B., Ft. Bragg, N. C.
- Morris, Frank K., 3913 Juniper Road—18
- Morris, John D., 2 W. University Parkway—18
- Morrison, J. Huff, 707 Chumleigh Road—12
- Morrison, Samuel, 11 E. Chase Street—2
- §Morrison, Theodore H., 11 E. Chase Street—2
- Mosberg, William H., Jr., 107 St. Johns Road—10
- Moses, Benjamin B., 448 N. Luzerne Avenue—24
- Moses, Bessie L., 519 Medical Arts Building—1
- §Moss, Irwin H., 5836 Baltimore National Pike—28
- Mostwill, Ralph, 1805 Eutaw Place—17
- Mueller, Eugene Alexander, 1653 Waverly Way—12
- Mueller, Paul Godfrey, 3750 Eilerslie Avenue—18
- Mullan, Paul A., 4506 Dumland Road—29
- Muller, S. Edwin, 2 W. Read Street—1
- Mulligan, E. James, 5600 Harford Road—14
- Muncie, Wendell S., 11 E. Chase Street—2
- Munford, Richard S., 13 Englewood Road—10
- Murgatroyd, George W., Jr., 1127 St. Paul Street—2
- Murray, John Gardner, Jr., 3408 St. Paul Street—18
- Muse, Joseph E., Jr., 2725 N. Charles Street—18
- Muse, William T., 2436 Washington Boulevard—30
- Myerowitz, Joseph R., 5145 Park Heights Avenue—15
- Myers, John A., 104 E. Biddle Street—2
- Myers, Joseph Carl, 1401 E. Coldspring Lane—12
- Myers, Myron J., 2500 Eutaw Place—17
- Myers, Philip, 2425 Eutaw Place—17
- Nachlas, Marvin M., Sinai Hospital—5
- Nadolski, Florian P., 205 Hampton Road, Linthicum Heights, Md.
- Nager, George T., The Johns Hopkins Hospital—5
- Naquin, Howard A., 14 W. Mt. Vernon Place—1
- Nasdor, Herbert H., 6210 Biltmore Avenue—15
- §Needle, Nathan E., 4215 Park Heights Avenue—15
- Nelson, Alfred T., 4526 Marble Hall Road—12
- Nelson, Russell A., Johns Hopkins Hospital—5
- Nesbitt, John A., Jr., 1118 St. Paul Street—2
- §Neubauer, Imre, 936 Patapsco Avenue—25
- Neustadt, John O., Johns Hopkins Hospital—5
- §Niblett, Walter S., 4508 N. Charles Street—10

* Deceased.

§ Wife is a member of the Woman's Auxiliary to the Medical and Chirurgical Faculty.

- Nichols, Firmadge King, 4711 Roland Avenue—10
- §Niemann, William A., 3506 N. Calvert Street—18
- Nipkow, Hans, Md. General Hospital, Linden and Madison Avenues—1
- Nitowsky, Harold M., 3204 Parking-ton Avenue—15
- Niznik, Theodore T., Jr., 1111 Sanbourne Road—7
- Norman, Philip S., Johns Hopkins Hospital—5
- Norton, John Charles, Jr., 3603 Edmondson Avenue—29
- Norwood, Vernon H., Church Home & Hospital—31
- Novak, Edmund R., 26 E. Preston Street—2
- *Novak, Eduard, Medical Arts Building—1
- Novoy, Riva, 19 W. Cold Spring Lane—10
- Nowak, Sigmund R., 408 S. Patterson Park Avenue—31
- Noya, Joseph J., 604 Chapelgate Lane—29
- O'Connor, John A., 11 E. Chase Street—2
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- Ogden, Frank N., 2701 N. Calvert Street—18
- O'Hare, James S., 5003 Broadmoor Road—12
- §O'Rourke, Thomas R., 104 W. Madison Street—1
- Orth, John Goedeke, 5711 Belair Road—6
- *Osborne, John C., 3122 Northern Parkway—14
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- §Owen, John Keller, 104 W. Madison Street—1
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- §Owings, James C., 18 W. Franklin Street—1
- §Ozazewski, John C., 1532 Havenwood Road—18
- Pacienza, Frank A., 511-13 Medical Arts Building—1
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- Palese, John M., 2412 Pelham Avenue—13
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- Park, Edward A., 512 Pathology Building, Johns Hopkins Hospital—5
- Park, Lee C., Johns Hopkins Hospital—5
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- §Paulson, Moses, 11 E. Chase Street—2
- Peake, Clarence W., 4508 Harford Road—14
- Pearce, William F., 2105 N. Charles Street—18
- Peck, John L., 5506 Lombardy Place—10
- Pembroke, Richard H., Jr., 209 East Biddle Street—2
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- Peters, H. Raymond, 1127 N. Calvert Street—2
- Petersdorf, Robert George, 122 Stanmore Road—12
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- Petty, Charles Sutherland, 700 Fleet Street—2
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- Phillips, Eugene E., 1612 Edmondson Avenue—23
- Phillips, Otto C., 2225 Lake Avenue—13
- §Pierce, Leslie Harrall, 700 Cathedral Street—1
- §Pierpont, Ross Z., 111 W. Monument Street—1
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- Prager, Helmut, 1117 St. Paul Street—2
- Prather, Perry F., 5203 Falls Road, Apt. 7—10
- Primakoff, H. William, Emersonian Apartments—17
- Proctor, Donald Frederick, 819 Park Avenue—1
- §Proctor, Samuel E., 104 W. Madison Street—1
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- Prout, Thaddeus Edmund, 703 Beaverbrook Road—12

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- Ramapuram, George M., 7501 Marston Road—7
- Rambo, Rawdon Evans, 115 Medical Arts Building—1
- Ramirez, Rafael V., The Latrobe Apartments—2
- Randall, Louis L., 5000 St. Georges Avenue—12
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- §Rangle, Raymond V., 2938 St. Paul Street—18
- Raskin, Moses, 817 St. Paul Street—2
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- Renner, William F., 11 West 29th Street—18
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- Richardson, Edward H., Jr., 9 E. Chase Street—2
- Richardson, Horace K., 11 E. Chase Street—2
- Richardson, Paul F., 5908 Oakland Road—27
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- Rieckert, Peter Walter, 4307 Mainfield Avenue—14
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- Rosenthal, Gilbert W., 4009 Liberty Heights Avenue—7
- Rosenthal, Howard Nathaniel, 4580 Derby Manor Drive—15
- Rosin, John David, 1010 St. Paul Street—2
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- Rossello, Salvador, 4508 Edmondson Avenue—29
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- Rowland, William Marshall, 5502 Huntley Square—10
- §Rubin, Samuel, 5915 Park Heights Avenue—15
- §Rubin, Samuel, 203 Patapsco Avenue—25
- Rubin, Seymour H., 3132 Harford Road—18
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- Rutledge, Benjamin H., 18 E. Eager Street—2
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 Scher, Ernest, 2500 Eutaw Place—17
 Scher, Isadore, 2502 Eutaw Place—17
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 §Schimunek, Emmanuel, 842 S. East Avenue—24
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 Scott, John M., 8 Longwood Road—10
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 Seidel, Herman, 2404 Eutaw Place—17
 Seligman, Arnold M., Sinai Hospital—5
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 §Settle, William B., 126 Homeland Avenue—12
 Sexton, Carlton Lasley, 819 Park Avenue—1
 Shackelford, Richard T., 18 E. Eager Street—2
 Shackman, Albert B., 705-6 Medical Arts Building—1
 Shamer, Maurice Emory, 3300 W. North Avenue—16
 Shanahan, Daniel S., 1945 W. Baltimore Street—23
 Shannon, George E., 820 Medical Arts Building—1
 §Shapiro, Albert, 1109 N. Calvert Street—2
 Shapiro, Jerome E., 3405 Forest Park Avenue—16
 Shapiro, Morton W., 211 Mitchell Avenue, East Meadow, L. I., N. Y.
 Sharfatz, George, 5443 Park Heights Avenue—15
 §Sharp, Nathaniel, 6101 Eastcliff Drive—9
 Sharrett, John O., 803 Cathedral Street—1
 §Shaw, Charles E., 5801 Loch Raven Blvd.—12
 Shear, Joseph, 4413½ Park Heights Avenue—15
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- Shiling, Moses Samuel, 2500 Eutaw Place—17
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- Shochat, Albert J., 4111 Liberty Heights Avenue—7
- Shochet, Bernard R., 3612 Telmar Road—7
- Shulman, Alfred J., The Latrobe Building—2
- Shulman, Lawrence E., Johns Hopkins Hospital—5
- Shulman, Leon M., 1214 N. Calvert Street—2
- Siegel, Isadore A., 6400 Park Heights Avenue—15
- Silberman, David, Esplanade Apts., 2519 Eutaw Place—17
- §Silver, A. A., Temple Garden Apts.—17
- Sindelar, Joseph Basil, 422 Medical Arts Building—1
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- Sindler, Richard A., 6025 Pinehurst Road—12
- Singewald, A. G., 1613 E. North Avenue—13
- Singewald, Martin L., 11 E. Chase Street—2
- §Singleton, Robert T., 1527 Langford Road—7
- §Siscovick, Milton, 1429 W. Fayette Street—23
- Siver, Robert H., 3105 N. Charles Street—18
- Siwinski, Arthur G., 15 East Biddle Street—2
- Skloven, Joseph, 7122 Harford Road—14
- Slasman, William Howry, Jr., 111 Stanmore Road—12
- Small, Mary L., 16 W. Read Street—1
- Smelser, Rennett M., 11 E. Chase Street—2
- Smink, Claud, St. Michaels, Md.
- Smith, Boylston D., Jr., 3812 The Alameda—18
- Smith, D. C. Wharton, 2 Wyndhurst Avenue—10
- Smith, Edward P., 2409 Roslyn Avenue—16
- Smith, Ernest Wendell, 238 Brandon Road—12
- Smith, Frank R., Jr., 623 W. University Parkway—10
- §Smith, Fred B., 2 W. University Parkway—18
- Smith, Harry B., 801 Stoneleigh Road—12
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- Smith, James Edgar, II, 714 Park Avenue—1
- §Smith, John Prinz, Loch Raven Blvd. & Northern Pkwy.—12
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- Smith, Vernon M., 1526 York Road, Lutherville, Md.
- Smith, William H., 3429 Chestnut Avenue—11
- Smith, Winford H., 100 W. University Parkway—10
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- §Steinberg, Morris W., 410 N. Hilton Street—29
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- §Stevens, Leland B., 3400 Erdman Avenue—13
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- Tankin, Louis H., 3717 Nortonia Road—16
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- Vitale, William J., 5103 Harford Road—14
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 Wei, Dick W. T., 32 Mardrew Road—29
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 Welch, Robert Bond, Wilmer Insti-tute, J.H.H.—5
 §Welcome, Henry C., 1131 Harlem Avenue—17
 Welfeld, Alvan A., 1801 Eutaw Place—17
 Wells, George E., 4100 Edmondson Avenue—29
 §Wells, George E., Jr., 727 Notting-ham Road—29
 §Wells, Gibson J., 3506 N. Calvert Street—18
 Wenger, Alvin P., 1100 N. Charles Street—1
 Wexler, Jack, 2502 Eutaw Place—17
 Weyn, Adrian S., 5606 Midwood Avenue—12
 Wharton, Lawrence R., 1201 N. Calvert Street—2
 Wharton, Lawrence R., Jr., The Johns Hopkins Hospital—5
 Wheat, William Douglas, The Johns Hopkins Hospital—5
 Whedbee, James S., Jr., 1118 St. Paul Street—2
 White, Eric Lawrence, Provident Hospital—17
 White, James E., 5214 Harford Road—14
 White, Kenneth Howard, Jr., Apt. A, 2003 Lydonlea Way—14
 White, William Kelso, 3005 St. Paul Street—18
 Whitehorn, John C., Johns Hopkins Hospital—5
 Whitehouse, Samuel, 2933 N. Charles Street—18
 Whitham, Lloyd B., 806 Cathedral Street—1
 Whitridge, John, Jr., 2411 N. Charles Street—18
 Whittlesey, Philip, 311 Overhill Road—10
 Wice, Louis E., 920 St. Paul Street—2
 Wich, Joseph Carlton, 614 Coventry Road—4
 Wiecech, Michael J., 707 S. Ann Street—31

Wilder, Earle Maurice, 1719 Eutaw Place—17
 Wilder, Milton Jay, 1719 Eutaw Place—17
 Wilfson, Daniel, Jr., 5721 Park Heights Avenue—15
 §Wilgis, Herbert E., 2947 St. Paul Street—18
 Wilkerson, Albert R., 1200 St. Paul Street—2
 Wilkins, Lawson, 501 Edgevale Road—10
 Wilkinson, William Emmet, Jr., 609 Cathedral Street—1
 Will, David Reid, University Hospital—1
 Williams, Frances S. A., Gray's Creek, Pasadena, Md.
 Williams, Huntington, Baltimore City Health Dept.—3
 Williams, M. Lee, 505 Wingate Road—10
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 Williamson, Edgar P., II, St. Johns Lane, Ellicott City, Md.
 §Willson, James K. V., 1100 N. Charles Street—1
 Wilson, Ezekiel H., Johns Hopkins Hospital—5
 Wilson, Harry E., 3 W. Biddle Street—1
 Wilson, Harry Thomas, Jr., 1204 St. Paul Street—2
 §Wilson, Henry Beatty, 6 East Eager Street—2
 Winkenwerder, Walter L., 1014 St. Paul Street—2
 Wise, Walter D., 1120 St. Paul Street—2
 Witkin, Erwin, 6807 Maurleen Road—9
 Witt, John Philip, The Latrobe, Chas. & Read Streets—2
 Wohl, Milton J., 3000 Brendan Avenue—13
 Wolfe, Samuel B., 1331 E. North Avenue—13
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 Wood, Austin H., 323 Medical Arts Bldg.—1
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 *Woodland, Charles T., 861 Harlem Avenue—17
 Woodruff, James Donald, 600 W. Belvedere Avenue—10
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 Woodward, Theodore Englar, 1 Merrymount Road—10
 Woody, W. H., 1403 Park Avenue—17
 Workman, Joseph B., University Hospital—1
 Worsley, Thomas L., Jr., 2900 Alameda Blvd.—18
 Wright, Robert B., Medical Arts Bldg.—1
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 Arizaga, J. Rolando, Spring Grove Hospital—28
 Avila, Justo S., Jr., Union Memorial Hospital—18
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 Covi, Lino, 1639 E. Cold Spring Lane—18
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 Darocha, Alipio F., Union Memorial Hospital—18
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 Davis, Joseph W., 326 Radnor Avenue—12
 De Fries, Hugh O., Union Memorial Hospital—18
 De La Cruz, Mariano V., Jr., 1213 Light Street—30
 De Leon, Natividad, Johns Hopkins Hospital—5
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 D'Lugoff, Burton C., Baltimore City Hospitals—24
 Doshi, Harshad V., 6224 Carbone Way—24
 Draper, David A., Baltimore City Hospitals—24
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 Escandon, Humberto, Union Memorial Hospital—18
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 Farrales, Epifanio V., Jr., 1213 Light Street—30
 Farvar, Boyouk, University Hospital—1
 Fedderson, Sven Aage, Gillesager 166, Flastrup, Denmark

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 Fernandez, Ligia M., Rosewood State Training School, Owings Mills, Md.
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 Feuerstein, Richard C., 4940 Eastern Avenue—24
 Fink, Arthur I., 2507 Pinebrush Road—9
 Fishbein, Ronald H., 441 Anglesea Street—24
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 Fisher, Joseph Newton, Baltimore City Hospitals—24
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 Fraser, John Lambie, Baltimore City Hospitals—24
 Freeman, Irving, 5734 Greenspring Avenue—9
 Frivedi, Prodyumna O., Baltimore City Hospitals—24
 Fromm, Inge W., 1517 McEldeery Street—5
 Furst, Erwin J., Union Memorial Hospital—18
 Gakenheimer, W. Alfred, 108 W. 39th Street—10
 Garcia, Rafael, Baltimore City Hospitals—24
 Garcia, Roberto S., South Baltimore General Hospital—30
 Garey, Herman S., Hospital for Women of Maryland—17
 Geduldig, Michael M., 4940 Eastern Avenue—24
 Gey, George O., 6017 Lakehurst Drive—10
 Gil, Carlos Medina, Crownsville State Hospital, Crownsville, Md.
 Gilles, Floyd H., Johns Hopkins Hospital—5
 Ginsberg, Milton, 3504 Erdman Avenue—13

Gladius, J. Raymond, 1538 Shady-side Road—18
 Goco, Rolando V., Church Home & Hospital—31
 Goldsmith, Harry, 3109 Marmot Road—8
 Goldstein, George S., 1023 Eastern Avenue, Apartment C—21
 Goodno, John Alden, Jr., Baltimore City Hospitals—24
 Grainger, Sybil D., 1306 Midvale Avenue—28
 Griffey, Walter P., U. S. Public Health Service Hospital—11
 Groll, Franz Xavier, Mercy Hospital—2
 Guzman, Benjamin A., 1213 Light Street—30
 Halberg, Paul, Baltimore City Hospitals—24
 Harper, Ian Stewart H., Apartment C, 4534 N. Charles Street—10
 Harper, William Sinclair, Route #1, Box 731, Martin Drive—21
 Hasheminejad, Aliasghar, South Baltimore General Hospital—30
 Helgasom, Agust H., Baltimore City Hospitals—24
 Hernandez, Esteban, Baltimore City Hospitals—24
 Hocson, Norberto P., Baltimore City Hospitals—24
 Hogg, Frederick R., Baltimore City Hospitals—24
 Hohing, Charles Conrad, Hospital for the Women of Maryland—17
 Hooker, Donald, 204 Kemble Road—18
 Hubbard, Joseph C., Baltimore City Hospitals—24
 Idea, Braulio V., St. Joseph's Hospital—13
 Jacobson, Edmund, Jr., Baltimore City Hospitals—24
 Jensen, Jacob Roed, Veterans Administration Hospital—18
 Jones, Henry, Baltimore City Hospitals—24
 Jordana, James, Baltimore City Hospitals—24
 Joven, Lucrecia F., Union Memorial Hospital—18
 Kac, Arthur, 3606 Oak Avenue—7
 Kaiser, Justo, South Baltimore General Hospital—30
 *Kalish, John T., 1421 Kingsway Road—18

Kang, Young Sup, Union Memorial Hospital—18
 Kanner, Leo, 4510 Wentworth Road—7
 Katz, Albert H., 3855 Forest Park Avenue—16
 Kendros, Socrates I., 1105 Harwall Road—28
 Keuls, Hans-Adriaan, Union Memorial Hospital—18
 Kfoury, Emile, 107 E. West Street—30
 Kilic, Naci M., South Baltimore General Hospital—30
 Kim, Sun Keun, Baltimore City Hospitals—1
 Kime, Watson P., 1306 Midvale Avenue—28
 Kitiowski, Edward J., 805 St. Georges Road—10
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 Kramer, William M., 4708 Mawani Road—6
 Krantz, John C., Jr., 7824 Ellenham Road—4
 Kritzinger, Caryl T. M., Baltimore City Hospitals—24
 Lai, Daniel G., Montebello Hospital—18
 Lamb, Emmet J., 518 N. Bond Street—5
 Lane, Richard Alexander, 3800 Monterey Road—18
 Langs, Harold M., 1029 Eastern Avenue—21
 Larkey, Sanford Vincent, Welch Medical Library, Johns Hopkins Hospital—5
 Layug, Pelagio E., 3717 Bonview Avenue—13
 Lazaro, Benigno R., Physicians Memorial Hospital, La Plata, Md.
 Lazaro, Melquides, Casualty Hospital, Washington 2, D. C.
 Lee, Kee Dong, 1213 Light Street—30
 Lee, Sun Jin, South Baltimore General Hospital—30
 Levy, Donald Marvin, Baltimore City Hospitals—24
 Lew, Hea Rean, Hospital for Women of Maryland—17
 Lew, Young Hea, Hospital for Women of Maryland—17
 Liebson, Ira, Baltimore City Hospitals—24

Lim, Fermina T., Union Memorial Hospital—18
 Lopez, Jesus M., South Baltimore General Hospital—30
 Lopez, Wilberto, Baltimore City Hospitals—24
 Loughead, John R., Jr., 84 Hayes Road, Chapel Hill, N. C.
 Lovina, Tecla O., Union Memorial Hospital—18
 McElpatrick, George C., Veterans Administration Hospital, Ft. Howard, Md.
 McGovern, John M., 1516 Bolton Street—17
 MacGowan, Birkhead, 912 Weatherbee Road—4
 Maginnis, Helen Irene, New Cut Road, Ellicott City, Md.
 Martin, Robert E., 318 E. 33rd Street—18
 Martinez, Nigelia E., 2724 N. Charles Street—18
 Masi, Alfonse T., Box 6, Johns Hopkins Hospital—5
 Matusky, William E., Baltimore City Hospitals—24
 Mehta, Raghu N., Baltimore City Hospitals—24
 Menendez, Marcio M., Union Memorial Hospital—18
 Mitani, Thomas T., St. Joseph's Hospital—13
 Mitchell, Robert Bruce, 4 E. 32nd Street—18
 Montemar, Luis V., Hospital for Women of Maryland—17
 Morikawa, Sadao, Baltimore City Hospitals—24
 Morrison, Donald Allan, Union Memorial Hospital—18
 Moses, Howard, Baltimore City Hospitals—24
 Mouchawar, Camille, Baltimore City Hospitals—24
 Mullins, Fitzhugh X., Jr., 1200 Northview Road—18
 Myers, Milton B., 441 Anglesea—24
 Nadeau, Oliver H., Hospital for Women of Maryland—17
 Nelson, Alfred S., U.S.P.H.S. Hospital, Wyman Park Drive—11
 Nicolo, Amalia M., Union Memorial Hospital—18
 Norwood, Gordon K., 830 Umbra Street—24

Nussbaum, Kurt, 207 Clarendon Avenue—8
 Oleynick, A. Harry, Johns Hopkins Hospital—5
 Oremland, Fred, 8112½ Eastern Avenue—24
 Osma, Emel, 1213 Light Street—30
 Oteyza, Benigno M., 1213 Light Street—30
 Ovacik, Gultekin, 1213 Light Street—30
 Ozbek, Resit Erdogan, Hospital for the Women of Maryland—17
 Pak, Ok Kyung, 16 Badger Road, Annapolis, Md.
 Pak, Yong Kun, 817 Park Avenue—1
 Palladino, Antonio, Baltimore City Hospitals—24
 Park, Chang Joon, Baltimore City Hospitals—24
 Paulino, Adoracion De B., Woman's Hospital—17
 Paulino, Pedro P., Church Home & Hospital—31
 Peterson, Natalie, Johns Hopkins Hospital—5
 Phillips, Raymond Earle, 5802 Willowton Avenue—14
 Platt, George A., 1502 McElderry Street—5
 Polani, Philippe Feivel, 4901 Palmer Avenue—15
 Poske, Robert Martin, Veterans Administration Hospital, Ft. Howard, Md.
 Quinones, Jose, Union Memorial Hospital—18
 Raiber, Richard, Delaware Hospital, Wilmington, Del.
 Redd, Henry J., Jr., 316 W. 6th Avenue, Tallahassee, Fla.
 Richter, Curt Paul, Phipps Psychiatric Clinic, Johns Hopkins Hospital—5
 Rink, Heldi, 3800 Erdman Avenue—13
 Robinson, Daniel R., V.A. Hospital, Ft. Howard, Md.
 Rodriguez, Hugo F., 1213 Light Street—30
 Russell, Edgar Alexander, Baltimore City Hospitals—24
 Russo, Sebastiano, 5017 Harford Road—14
 Saar, Artur, 1709 Linden Avenue—17

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 Samios, George, Baltimore City Hospitals—24
 Samson, Celia G., 1413 Park Avenue—17
 Sarshar, Mir Ahmad, 1213 Light Street—30
 Sass, William, 8521 Willow Oaks Road—4
 Sathe, Shanta S., Doctor's Hospital—18
 Saulynas, Ignas, Union Memorial Hospital—18
 Schneidmuhl, Abraham M., 3340 Dolfield Avenue—15
 Schnitzer, Bertram, Baltimore City Hospitals—24
 Schwalbe, Frank C., Baltimore City Hospitals—24
 Sears, Marvin, Baltimore City Hospitals—24
 Shams, Mehrangis, Baltimore City Hospitals—24
 Shore, Sydney, 733 N. Broadway—5
 Silverman, Charlotte, Md. State Dept. of Health, 2411 N. Charles Street—18
 Sinton, William A., Jr., 52 Martha Avenue, Wrightstown, N. J.
 Sitomer, Gerald, Baltimore City Hospitals—24
 Siu, Kenneth K. Chee, Hospital for Women of Md.—17
 Smith, Daniel, Baltimore City Hospitals—24
 Smith, Edward P., Jr., 20825A, 1409 F. Paegelow, Scott AFB, Ill.
 Sorongo, Domingo C., 1213 Light Street—30
 Steichen, Felicien M., Baltimore City Hospitals—24
 Steinberg, Morris, Baltimore City Hospitals—24
 Steiner, German Cristian, Baltimore City Hospitals—24
 Steingaszner, Laszlo, Maryland General Hospital—1
 Storey, Patrick B., 3900 Loch Raven Boulevard—18
 Taavon, Homayoon, Luthern Hospital—16
 Tasker, Arthur N., 317 Tuscany Road—10
 Teichner, Ronald, 12 Glenwood Road—21

Thamer, Mahmud, Johns Hopkins Hospital—5
 Torres, Magdalena A., Monson State Hospital, Palmer, Mass.
 Traugott, Karl, 1912 E. Belvedere Avenue—14
 Travelli, Renato, Union Memorial Hospital—18
 Trimble, Frances Hartley, 6006 Charlesmeade Road—12
 Tsigaridas, Dimitrios B., Union Memorial Hospital—18
 Tucker, Gabriel F., Jr., The Johns Hopkins Hospital—5
 Tumminello, S. A., Medical Arts Building—1
 §Tunney, Robert B., 7215 York Road—12
 Ural, Unal M., Baltimore City Hospitals—24
 Urquiaga, Carlos F., Baltimore City Hospitals—24
 Uyeno, Yukio, Baltimore City Hospitals—24
 Vajaranant, Manit, South Baltimore General Hospital—30
 Valdes, Americo T., 1213 Light Street—30
 Valle, Alfonso Z., Baltimore City Hospitals—24
 Van De Carr, Francis R., Jr., 4940 Eastern Avenue—24
 Veneracion, Roland B., Church Home & Hospital—31
 Villafior, Osias, 1213 Light Street—30
 Wall, John N., Hospital for Women of Maryland—17
 Wallner, Herman W., Baltimore City Hospitals—24
 Waterhouse, Robert, Hospital for Women of Maryland—17
 Weil, Peter, Baltimore City Hospitals—24
 Whang, Bock Joon, 2429 Calvert Street—18
 Whang, Robert, Baltimore City Hospitals—24
 Wheeler, James Thomas, Baltimore City Hospitals—24
 White, James Franklin, Jr., Apartment 16, Temple Court, 233 E. University Parkway—18
 Wilder, Robert, Assistant Chief, Department Surgery, Baltimore City Hospitals—24

Wiswell, John G., University Hospital—1
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- §Edwards, William H., 2 East Read Street, Baltimore 2, Md.
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- §Hetherington, Leon H., 6511 Darnall Road, Ruxton 4, Md.
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- §Hollander, Mark, Medical Arts Building, Baltimore 1, Md.
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- §Howell, James G., 715 Frederick Road, Catonsville 28, Md.
- §Hudson, Clifford F., Fork, Md.
- §Hudson, Rollin C., 606 Baltimore Avenue, Baltimore 4, Md.
- §Hyle, John Charles, 7527 Belair Road, Baltimore 6, Md.
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- §Junk, Ivan De Kalb, 9017 Liberty Road, Randallstown, Md.
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- §Kees, Walter T., Cockeysville, Md.
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- §Landau, Walter S., 23 Hanover Road, Reisterstown, Md.
- Languth, Helen W., 11 E. Chase Street, Baltimore 2, Md.
- §Lichtenberg, Joseph D., 11 East Chase Street, Baltimore 2, Md.
- McClinton, Isabel H., Kingsville, Md.
- McCorkle, Henry L., 21 Glenbrook Drive, Phoenix, Md.
- McGrath, William Edward, 1303 Frederick Road, Catonsville 28, Md.
- McKay, John Nelson, 6014 Edmondson Avenue, Baltimore 28, Md.
- §McWilliams, Clarence E., Reisterstown, Md.
- §Magness, Stephen L., 21 Overhill Road, Baltimore 28, Md.
- Martin, William E., Randallstown, Md.

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 §Nichols, Joseph Harold, 9 South Lane, Baltimore 22, Md.
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 §Pillsbury, William A., Jr., Timonium, Md.
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 §Pound, J. Costello, 104 N. Rolling Road, Baltimore 28, Md.
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 §Tuerk, Isadore, Spring Grove State Hospital, Catonsville 28, Md.
 §Urban, George E., 803 Frederick Road, Catonsville 28, Md.
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 §Windsor, Roger Gilbert, 520 D Street, Sparrows Point 19, Md.
 §Wood, Donald O., York Road & Greenmeadow Drive, Timonium, Md.
 §Zalis, Daniel, 1942 Cedar Lane, Baltimore 22, Md.

Calvert County

DeVillarreal, Roberto, Prince Frederick, Md.
 §Jett, Page C., Prince Frederick, Md.
 Ward, Hugh W., Owings, Md.

Caroline County

Anderson, F. M., Federalsburg, Md.
 George, D. O., Denton, Md.
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 Lennon, W. E., Federalsburg, Md.
 Plummer, Harold B., Preston, Md.
 Riley, Edwin G., Denton, Md.
 Stonesifer, Charles H., Greensboro, Md.
 §Trapnell, Henry Rogers, Federalsburg, Md.
 §Winnacott, Charles H., Ridgely, Md.
 Wright, Robert, Greensboro, Md.

Carroll County

Bare, S. Luther, Westminster, Md.
 §Billingslea, Charles L., Westminster, Md.
 *Bush, Edgar M., Hampstead, Md.
 §Bush, Joseph E., Hampstead, Md.
 §Caricofe, J. H., Union Bridge, Md.
 §Chepko, Julius, Westminster, Md.
 Culwell, William B., Mt. Airy, Md.
 Del Campo, Augustin, Sykesville, Md.
 §Foard, Wilbur H., Manchester, Md.
 Foutz, Charles R., Westminster, Md.

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 §Lawson, William H., Eldersburg, Md.
 §McVaugh, R. S., Taneytown, Md.
 Margolin, Ellis S., Sykesville, Md.
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 §Mastin, Morrell M., Sykesville, Md.
 Mead, Henry C. A., Winder Point, Easton, Md.
 §Moulton, George Allen, Jr., Westminster, Md.
 Porterfield, M. C., Hampstead, Md.
 §Robertson, Merritt, New Windsor, Md.
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 §Speicher, Wilbur G., Westminster, Md.
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 §Thompson, E. Ambler, Taneytown, Md.
 §Vestal, Thomas, Victor Cullen Hospital, Cullen, Md.
 §Weber, Konstantin, Sykesville, Md.
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 §Woodward, Lewis K., Westminster, Md.

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 §Cuza, Luis M., North East, Md.
 §Davis, H. Vincent, Chesapeake City, Md.
 Dodson, Richard C., Rising Sun, Md.
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 Obenshain, Wallace, Cecilton, Md.
 Richards, G. Hampton, Port Deposit, Md.
 Rothfeld, Ben, Perry Point, Md.
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† Wife is a member of the Woman's Auxiliary to the Medical and Chirurgical Faculty.

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 *Bicknell, George C., Indian Head, Md.
 Coburn, Harry R., Bryantown, Md.
 Dettor, Vernon B., La Plata, Md.
 Edelen, Edward J., La Plata, Md.
 Griffin, John H., Hughesville, Md.
 Jarboe, J. Parran, La Plata, Md.
 Johnson, Frederick M., La Plata, Md.
 Susan, Frank A., Indian Head, Md.
 Weber, George S., Waldorf, Md.
 Woody, Arthur, La Plata, Md.

Dorchester County

- Baumann, Wilbur N., Cambridge, Md.
 *Brown, Robert D., East New Market, Md.
 Bunker, Albert E., 200 Maryland Avenue, Cambridge, Md.
 Burdette, Lewis M., Cambridge, Md.
 Currier, George, Eastern Shore State Hospital, Cambridge, Md.
 De Filippis, Ettore, Eastern Shore State Hospital, Cambridge, Md.
 Dredge, Thomas, Cambridge, Md.
 Gunby, Walter, E., Jr., Cambridge, Md.
 §Hanks, William H., Cambridge, Md.
 Jones, Kenneth B., Church Creek, Md.
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 §Maryanov, Alfred R., Cambridge, Md.
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 Meekins, Gilbert E., Cambridge, Md.
 Miller, Frederick A., Cambridge, Md.
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 Shub, Maurice I., Fishing Creek, Md.
 Thompson, James Upshur, Cambridge, Md.
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 Keefe, Arthur T., Jr., Chestertown, Md.
 §Kester, Eugene, Rock Hall, Md.
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- Gill, Grover B., 4601 Dorset Avenue, Chevy Chase 15, Md.
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- Lasell, Eldridge L., 155 North Madison Avenue, Pasadena, Calif.
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- Lee, Thora W., 260 Poplar Drive, Oakville, Ontario, Canada
- Lipin, Raymond J., V.A. Hospital, 300 E. Roosevelt Road, Little Rock, Ark.
- Liu, Wei-Chi, 4646 Marine Drive, Chicago 40, Ill.
- Lukens, David, 415 W. 2nd Street, Hutchinson, Kans.
- Lyford, John, III, Hines, Ill.
- Lyon, William C., 2530 Beechwood Circle, Ft. Wayne, Ind.
- McGeehan, James S., 1000 Oliver, Owosso, Mich.
- McGrady, Charles W., 2701 Atlantic Boulevard, Pompano Beach, Fla.
- McGrady, Kathleen R., 1919 Atlantic Boulevard, Box 426, Pompano Beach, Fla.
- McKewen, Jane B., Hospital Albert Schweitzer, Boite Postale 4, Saint-Marc, Haiti, West Indies
- Mattern, Elizabeth A., 35 Northampton Avenue, Berkeley 7, Calif.
- Mawhinney, Charles, Jr., 503 Ivy Circle, Alexandria, Va.
- Mitchell, William Arthur, 106 E. Burke Avenue, Lufkin, Texas
- Molofsky, Leonard Carl, Kaiser Foundation Hospital, Broadway & McArthur Boulevard, Oakland 11, Calif.
- Mooney, Albert Lee, 1112 Alabama Avenue, Durham, N. C.
- Neff, Charles A., 1521 Martin, Porterville, Calif.
- Owens, David, California Medical Facility, Vacaville, Calif.
- Park, William F., U.S.S. Antietam, CVS-36, % F.P.O., New York, N. Y.
- Peachey, Ruth, 121 Westchester Avenue, White Plains, N. Y.
- Peirce, E. Converse, II, 4107 Tazewell Pike, Knoxville 18, Tenn.
- Peralta, Conrado N., St. Anne's Hosp., 4950 W. Thomas St., Chicago 51, Ill.
- Piper, Donald E., 117 W. Main Street, Dallastown, Pa.
- Pratt, Daniel Wells, Box 186, Emory Branch, Atlanta 22, Ga.
- Raskin, Howard Frank, Univ. of Chicago, Dept. of Med., Chicago 37, Ill.
- Reichel, Samuel M., V.A. Hospital, Minneapolis 17, Minn.
- Risley, John P., 2305 Jackson Street, Waukegan, Ill.
- Sanders, John A., 4000 Massachusetts Avenue, N.W., Suite 813, Washington, D. C.
- Schenthal, Joseph Edwin, 1328 Aline Street, New Orleans 15, La.
- Scherr, Merle S., 803 Atlas Building, Charleston 1, W. Va.
- Seaton, Ronald S., St. Luke's Hospital, Vengurla Rathagiri Dist., B. S., India
- Shelley, Harry S., 3725 Estes Avenue, Nashville, Tenn.
- Simpson, Marshall A., P.O. Box 1414, Palmer, Alaska
- Skaggs, James W., Jr., 2105 21st Street, Nitro, W. Va.
- Slager, Ursula T., Los Alamos Medical Center, Los Alamos, N. Mex.
- Smith, George W., Medical College of Georgia, Augusta, Ga.
- Sokol, Liebe Deborah, Hospital of Univ. of Pennsylvania, 3400 Spruce Street, Philadelphia, Pa.
- Southwick, Wayne O., Yale University School of Med., New Haven 4, Conn.
- Steinberg, Stanley H., 5223 South Dakota Avenue, N.E., Washington 11, D. C.
- Thompson, Charles B., The Lifwynn Foundation, 52 S. Morningside Drive, Westport, Conn.
- Virgilio, Frank D., COMSUBNELM / COMBEDSUPACT, Navy 510, % F.P.O., New York, N. Y.
- Weitzman, Elliott L., Eastchester Road & Morris Park Avenue, New York 61, N. Y.
- Welsh, W. W., Gabbs, Nevada
- Werbner, Izydor, 554 West Indianola Avenue, Youngstown 11, Ohio
- White, Joseph M., Blackberry Lane, Morristown, N. J.
- White, Mary Louise T., Blackberry Lane, Morristown, N. J.
- Wolf, Frederick S., Det. #36, TUSLOG-USAF, APO 224, New York, N. Y.
- Wu, Jackson S., % Pathology Department, Scripps Memorial Hospital, La Jolla, Calif.
- Young, Betty May, 1111 Mallorca Drive, Palma Sola Park, Bradenton, Fla.
- Young, Leroy J., 547 N. Fair Oaks Avenue, Pasadena, Calif.

WIDOWS OF FORMER MEMBERS OF THE MEDICAL AND CHIRURGICAL FACULTY WHO ARE MEMBERS OF THE WOMAN'S AUXILIARY

- Ard, Mrs. Robert W., Rt. 6, Spring Valley, Md.
 Austrian, Mrs. Charles R., 1417 Eutaw Place, Baltimore 17, Md.
 Ball, Mrs. Peter, 1834 Glen Ridge Rd., Baltimore 4, Md.
 Barker, Mrs. Lewellys F., 208 Stratford Road, Baltimore 18, Md.
 Bauersfeld, Mrs. Emil G., 3916 Virgilia Street, Chevy Chase 15, Md.
 Bridges, Mrs. W. A., 10 Othoridge Road, Towson 4, Md.
 Bubert, Mrs. John D., Wyman Park Apts., Apt. 506, Baltimore 1, Md.
 Briele, Mrs. Myrtle G., 1506 Harford Rd., Baltimore 14, Md.
 Fairchild, Mrs. S. R., 118 E. Magnolia Street, Hagerstown, Washington Co., Md.
 Foley, Mrs. Charles J., 400 S. Union Ave., Havre de Grace, Md.
 Fuller, Mrs. Harvey L., 5718 Ridgedale Road, Baltimore 9, Md.
 Gardner, Mrs. S. H., 56 Broadway, Hagerstown, Md.
 Hoffmeier, Mrs. Frank N., 442 N. Potomac Ave., Hagerstown, Washington Co., Md.
 Holly, Mrs. Julius D., 7701 Seven Mile Lane, Baltimore 8, Md.
 Jerardi, Mrs. Joseph V., 107 Armagh Drive, Baltimore 12, Md.
 Kloman, Mrs. Erasmus H., 600 Edgevale Rd., Baltimore 2, Md.
 Lederman, Mrs. Edward I., 4504 Maine Ave., Baltimore 7, Md.
 Lowe, Mrs. William, Queenstown, Md.
 Lubin, Mrs. Paul, 3819 Chatham Road, Baltimore 18, Md.
 Miller, Miss Isabelle (Daughter), 218 Mealy Parkway, Hagerstown, Washington Co., Md.
 Mortimer, Mrs. Egbert L., Jr., 207 Paddington Road, Baltimore 12, Md.
 Nock, Mrs. Randolph M., 114 E. William St., Salisbury, Wicomico Co., Md.
 Norment, Mrs. Richard B., Conococheague, Washington Co., Md.
 Sargent, Mrs. G. F., Aigburth Road, Towson 4, Md.
 Sinton, Mrs. William A., 1500 Ralworth Road, Baltimore 18, Md.
 Stewart, Mrs. George A., 5300 St. Albans Way, Baltimore 12, Md.
 Thomison, Mrs. Samuel J., Jr., Jarrettsville, Md.
 Ullrich, Mrs. Henry F., 5508 Lombardy Pl., Baltimore 10, Md.
 Ward, Mrs. Grant E., 602 W. University Parkway, Baltimore 10, Md.
 Wroth, Mrs. Peregrine, Jr., 145 W. Prospect St., Hagerstown, Md.
 York, Mrs. J. Arthur, 806 Belvedere Ave., Baltimore 10, Md.

COMMITTEE ROSTER

COMMITTEES ELECTED BY THE HOUSE OF DELEGATES

Beginning April 18, 1959 through Annual Meeting, 1960, as provided in the Constitution and Bylaws.

Committee on Scientific Work and Arrangements

	Term Expires*
Nathan E. Needle, <i>Chairman</i> , Baltimore.....	1960
William E. Grose, Baltimore.....	1961
Houston S. Everett, Baltimore.....	1962
James Douglas Lockard, Baltimore.....	1963
William Carl Ebeling, <i>Secretary of Medical and Chirurgical Faculty</i> , Baltimore (In conformity with Constitution and Bylaws.)	

Library Committee

Louis Krause, <i>Chairman</i> , Baltimore.....	1961
--	------

Lester A. Wall, Jr., Baltimore.....	1960
A. Austin Pearre, Frederick.....	1962
J. Roy Guyther, Mechanicsville.....	1963
George S. Mirick, Baltimore.....	1964
Joseph E. Medina, D.D.S.	

Finney Fund Committee

Henry J. L. Marriott, <i>Senior Member</i> , Baltimore.....	1960
George G. Finney, Baltimore.....	1961
Richard G. Coblentz, Baltimore.....	1962
Richard T. Shackelford, Baltimore.....	1963
Harry Clay Hull, Baltimore.....	1964

*Term expires at conclusion of annual meeting of year indicated.

COUNCIL APPOINTMENTS

Curator: WALTER D. WISE

The Maryland State Medical Journal

George H. Yeager, *Editor*, Baltimore

Editorial Board

Term Expires

Leo Brady, Baltimore	December 31, 1959
A. Earl Walker, Baltimore	December 31, 1959
Hugh J. Jewett, Baltimore	December 31, 1960
William B. Long, Salisbury	December 31, 1960
Ephraim T. Lisansky, Baltimore	December 31, 1961
Edward C. H. Schmidt, Easton	December 31, 1961
Mr. John Sargéant, <i>Business Manager</i> , Baltimore	

Representatives on Advisory Committee on Adoption of the State Department of Welfare

(Appointed by the President, upon authorization of Council, in December 1957, at request of Director of State Department of Public Welfare; reappointed January 1959 by the President.)

J. Huff Morrison, Baltimore
Wilson Grubb, Baltimore

Representatives on the Medical Advisory Committee of the Red Cross Blood Bank Program

(Appointed by the President.)

C. Lockard Conley, Baltimore
R. Adams Cowley, Baltimore
William G. Esmond, Baltimore
Gerald A. Galvin, Baltimore
President of the Medical and Chirurgical Faculty, ex officio member

Representatives from the Medical and Chirurgical Faculty on the Maryland Joint Committee for Improvement of Care of Patients Sponsored by Maryland-District of Columbia-Delaware Hospital Association

(Representatives appointed by Council, June 1957, after similar Committee was abolished by House of Delegates in May 1957.)

Otto C. Brantigan, Baltimore
Albert I. Mendeloff, Baltimore
Charles F. O'Donnell, Towson
Herbert E. Wilgis, Baltimore
George H. Yeager, Baltimore

Representatives on State Advisory Committee on Staphylococcal Disease in Maryland

(Appointed by Dr. Eastland November 21, 1958 at the request of Dr. Perry F. Prather, Director of the State Department of Health as an outcome of the National Conference on Hospital-Acquired Staphylococcal Disease held September 1958.)

Daniel J. Pessagno, Baltimore
John M. Haws, Baltimore

Medical Advisory Committee on Vocational Rehabilitation

(Upon request of Department of Education, representatives were recommended by Executive Committee in February 1957, and duly approved by State Department of Education.)

Florence I. Mahoney, Baltimore
Douglas G. Carroll, Jr., Brooklandville
Maurice C. Pincoffs, Baltimore
Albert I. Mendeloff, Baltimore
Charles Reifschneider, Baltimore
Francis J. Borges, Baltimore
Leroy W. Saunders, Baltimore
Howard B. McElwain, Baltimore

Advisory Committee to the Woman's Auxiliary Through Annual Meeting 1960

(Upon recommendation of Council, in May 1956 House of Delegates authorized that the Executive Committee of Council be the Advisory Committee to the Woman's Auxiliary.)

Leo Brady, *Chairman*, Baltimore
Charles F. O'Donnell, *Vice-Chairman*, Towson
Leslie E. Daugherty, *President*, Cumberland
Whitmer B. Firor, *President-elect*, Baltimore
William Carl Ebeling, *Secretary*, Baltimore
Wetherbee Fort, *Treasurer*, Baltimore

CONSTITUTIONAL COMMITTEES

(As Provided in the Constitution and Bylaws Term expires at conclusion of 1960 Annual Meeting unless otherwise designated.)

Committee on Constitution and Bylaws

(In conformity with the Bylaws, consists of four members to be appointed annually by the President.)

William A. Pillsbury, Jr., *Chairman*, Timonium
Leo Brady, Baltimore
Waldo B. Moyers, Hyattsville
Edwin H. Stewart, Baltimore

Executive Committee of the Council

(Chairman of the Council, Vice-Chairman of the Council, President, Secretary and Treasurer.)

Leo Brady, *Chairman of Council*, Baltimore
Charles F. O'Donnell, *Vice-Chairman of Council*, Towson
Leslie E. Daugherty, *President*, Cumberland
Whitmer B. Firor, *President-elect*, Baltimore
William Carl Ebeling, *Secretary*, Baltimore
Wetherbee Fort, *Treasurer*, Baltimore

CONSTITUTIONAL COMMITTEES, Continued

Committee on Finance and Budget

(In accordance with the Bylaws, shall consist of nine members, namely, Chairman of Council, Vice-Chairman of Council, the Treasurer, who shall be Chairman of Committee, the Secretary, Chairman of Planning Committee, and four additional members appointed by Chairman of Council.)

Wetherbee Fort, *Treasurer, Chairman*, Baltimore
 Leo Brady, *Chairman of Council*, Baltimore
 Charles F. O'Donnell, *Vice-Chairman of Council*, Towson
 William Carl Ebeling, *Secretary*, Baltimore
 William A. Pillsbury, Jr., *Chairman of Planning Committee*, Timonium
 R. Walter Graham, Jr., Baltimore
 Bender B. Kneisley, Hagerstown
 Raymond C. V. Robinson, Baltimore
 Norman E. Sartorius, Jr., Pocomoke City

Nominating Committee

(In conformity with the Bylaws, Chapter VIII, Section 5, to consist of two most recent living Past Presidents, the Senior of whom shall be Chairman, and three members to be elected by the House of Delegates at Semiannual Meeting.)

THIS COMMITTEE TO BE APPOINTED AT A LATER DATE.

Professional Conduct Committee

Through Annual Meeting 1960

(Five living immediate Past Presidents and Chairman of the Council, with the Senior Past President as Chairman, and each Past President to serve for five years on Committee.)

Bender B. Kneisley (President in 1954), *Chairman*, Hagerstown
 George H. Yeager (President in 1955), Baltimore
 William H. F. Warthen (President in 1956), Towson
 C. Reid Edwards (President in 1957), Baltimore
 J. Sheldon Eastland (President in 1958), Baltimore
 Leo Brady (Chairman of Council in 1959), Baltimore

Planning Committee

Through Annual Meeting 1960

(Authorized by the House of Delegates, May 1956, and appointed formally June 1956. In conformity with the Bylaws as of September 1957, the Planning Committee shall consist of the President, Secretary, Treasurer, Chairman of Council, Vice-Chairman of Council, and one Representative elected annually by each Component Society.)

William A. Pillsbury, Jr., *Chairman*, Baltimore County
 Alternate: Charles F. O'Donnell

Richard D. Bauer, *Vice Chairman*, Prince George's County

Leslie E. Daugherty, *President*

William Carl Ebeling, *Secretary*

Wetherbee Fort, *Treasurer*

Leo Brady, *Chairman, Council*

Charles F. O'Donnell, *Vice-Chairman, Council*

Martin M. Rothstein, Allegany-Garrett County

Alternate: G. Overton Himmelwright

Merton T. Waite, Anne Arundel County

Alternate: Richard N. Peeler

Robert C. Kimberly, Baltimore City

Alternate: Herbert E. Wilgis

Hugh W. Ward, Calvert County

Charles H. Winnacott, Caroline County

Alternate: F. M. Anderson

Martin Gross, Carroll County

H. Vincent Davis, Cecil County

Edward J. Edelen, Charles County

Alternate: Vernon B. Dettor

George E. Currier, Dorchester County

Alternate: Albert E. Bunker and Frederick A. Miller

James B. Thomas, Frederick County

Alternate: Louis R. Schoolman

J. Ralph Horky, Harford County

Peter V. Thorpe, Howard County

A. C. Dick, Kent County

Henry P. Laughlin, Montgomery County

Alternate: Charles H. Ligon

C. Rodney Layton, Queen Anne's County

Julian S. Lane, St. Mary's County

A. N. Barr, Somerset County

Thurston Harrison, Talbot County

W. T. Layman, Washington County

Philip A. Insley, Wicomico County

Alternate: John M. Bloxom, III

Nathanael R. Thomas, Worcester County

Alternate: Clifford E. Schott

Resolutions Committee

(In conformity with the Bylaws, five members to be appointed annually by the President of the Medical and Chirurgical Faculty, who shall also designate the Chairman.)

Everett S. Diggs, *Chairman*, Baltimore

M. McKendree Boyer, Damascus

Ernest I. Cornbrooks, Jr., Baltimore

Melvin B. Davis, Dundalk

Robert W. Farr, Chestertown

CONTINUING COMMITTEES

Beginning April 18, 1959 to serve through the Annual Meeting, 1960. Appointed by Leslie E. Daugherty, President, unless otherwise designated. Many of these committees are appointed in accordance with specifications that designate personnel.

Liaison Committee on Accreditation of Hospitals and Intern and Residency Training Programs

(Appointed as a Continuing Committee by the Chairman of the Council, as authorized by the Council, June 1957.)

Howard W. Jones, Jr., *Chairman*, Baltimore

Robert L. Baker, Salisbury

Otto C. Brantigan, Baltimore

Alan M. Chesney, Baltimore

Lewis P. Gundry, Baltimore

CONTINUING COMMITTEES, Continued

Liaison Committee on Accreditation of Hospitals and Intern and Residency Training Programs, Continued

Louis Krause, Baltimore
Edmond J. McDonnell, Baltimore
Samuel Morrison, Baltimore
William S. Murphy, Rockville
E. Roderick Shipley, Baltimore
Stedman W. Smith, Salisbury
Lester A. Wall, Jr., Baltimore
Fuller B. Whitworth, Cumberland

Committee to Cooperate with the American Medical Education Foundation

William S. Stone, *Chairman*, Baltimore
Albert L. Anderson, Annapolis
David J. Gilmore, Salisbury
W. Royce Hodges, Jr., Cumberland
Bender B. Kneisley, Hagerstown
George J. Kreis, Jr., Elktion
William H. Lawson, Eldersburg
Robert S. McCeney, Laurel
Waldo B. Moyers, Hyattsville
James A. Roberts, Silver Spring
Thomas B. Turner, Baltimore
Hugh G. Ward, Owings

Building Committee

Albert E. Goldstein, *Chairman*, Baltimore
John W. Parsons, *Treasurer*, Baltimore
James G. Arnold, Jr., Baltimore
R. Walter Graham, Jr., Baltimore
Marius P. Johnson, Baltimore
C. Herbert Mueller, Jr., Baltimore
Charles F. O'Donnell, Towson
James H. Ramsey, Hagerstown

Committee on Diabetes

Abraham A. Silver, *Chairman*, Baltimore
Edmund George Beacham, Baltimore
John Howard Burns, Jr., Dundalk
Caroline H. Callison, Centreville
Charles R. Campbell, Baltimore
Henry V. Chase, Frederick
J. Wilfred Davis, Baltimore
Richard C. Dodson, Rising Sun
Edward J. Edelen, La Plata
Robert W. Farr, Chestertown
Sylvan D. Goldberg, Baltimore
Wilson Grubb, Baltimore
J. Roy Guyther, Mechanicsville
W. Grafton Hersperger, Baltimore
Philip W. Heuman, Bel Air
Henry J. Houska, Baltimore
Seth H. Hurdle, Salisbury
Benjamin F. Jones, Baltimore
Harry L. Knipp, Baltimore
E. Paul Knotts, Denton

George Allen Moulton, Jr., Westminster
Sarah M. Peyton, Crisfield
J. Emmett Queen, Baltimore
Theodore R. Shrop, Ellicott City
Stanley R. Steinbach, Baltimore
Samuel J. N. Sugar, Mt. Rainier
J. Frank Supplee, III, Baltimore
Nathanael R. Thomas, Ocean City
James U. Thompson, Cambridge
Alice Tobler-Lennhoff, Baltimore
Robert W. Trever, Easton
Stephen J. Van Lill, Baltimore
Lester A. Wall, Jr., Baltimore

Fee Schedule Committee

Karl F. Mech, *Chairman*, Baltimore
C. Bernard Brack, Baltimore
Frank J. Brady, Baltimore
Robert P. Conrad, Hagerstown
Charles N. Davidson, Baltimore
Frank P. Dwyer, Jr., Catonsville
George O. Eaton, Baltimore
Ralph G. Hills, Baltimore
W. R. Hodges, Jr., Cumberland
J. H. Mason Knox, III, Baltimore
Walter C. Merkel, Baltimore
S. Edwin Muller, Baltimore
John W. Parsons, Baltimore
John E. Savage, Baltimore
Alexander J. Schaffer, Baltimore
Byron D. White, Frederick

Geriatrics Committee

Archie Robert Cohen, *Chairman*, Clear Spring
Louis Krause, Baltimore
C. Rodney Layton, Centreville
Herbert H. Leighton, Oakland
Isadore B. Lyon, Hagerstown

Industrial Health Committee

J. Sheldon Eastland, *Chairman*, Baltimore
William F. Cox, III, Baltimore
Walter E. Fleischer, Baltimore
James Frenkil, Baltimore
Herman J. Halperin, Baltimore
Howard B. McElwain, Baltimore
Harry M. Robinson, Jr., Baltimore
Benjamin H. Rutledge, Baltimore

Legislative Committee

(Each Component Society is represented by the incumbent President, Secretary and Treasurer, and also the Chairman of the Legislative Committee of the Baltimore City Medical Society, Newland E. Day, who was appointed for 1959.)

Karl F. Mech, *Chairman*, Baltimore
Frederic V. Beitler, Relay

CONTINUING COMMITTEES, Continued

Legislative Committee, Continued

Henry A. Briele, Salisbury
F. Ford Loker, Baltimore
John A. O'Connor, Baltimore
John Mace, Jr., Cambridge
J. Morris Reese, Baltimore
Frank E. Shipley, Savage

Maternal and Child Welfare Committee

J. Morris Reese, *Chairman*, Baltimore
J. Edmund Bradley, *Vice-Chairman*, Baltimore
John A. Askin, Baltimore
Harry D. Bowman, Hagerstown
Caroline A. Chandler, Baltimore
Stuart Christhilf, Jr., Annapolis
Raymond L. Clemmens, Baltimore
Edward Davens, Baltimore
George H. Davis, Baltimore
D. McLelland Dixon, Baltimore
H. W. Eliason, Cumberland
Abraham H. Finkelstein, Baltimore
S. Butler Grimes, Baltimore
Paul Harper, Baltimore
Arthur L. Haskins, Baltimore
Frederick J. Heldrich, Jr., Frederick
John S. Haught, Mt. Rainier
D. Frank Kaltreider, Baltimore
William H. Lawson, Eldersburg
G. Bowers Mansdorfer, Baltimore
Hugh B. McNally, Baltimore
William C. Morgan, Salisbury
John E. Savage, Baltimore
William M. Seabold, Baltimore
Fred B. Smith, Baltimore
F. X. Paul Tinker, Glen Burnie
Gibson J. Wells, Baltimore
John Whitridge, Jr., Baltimore

Joint Committee with the Bar Associations on Medicolegal Problems

Russell S. Fisher, *Chairman*, Baltimore
Conrad Acton, Baltimore
Lewis P. Gundry, Baltimore
William D. Lynn, Baltimore
W. Oliver McLane, Jr., Frostburg
George McLean, Baltimore
M. C. Porterfield, Hampstead
Richard T. Shackelford, Baltimore
William G. Speed, III, Baltimore
W. Kennedy Waller, Baltimore
John M. Warren, Laurel
Huntington Williams, Baltimore

Mental Hygiene Committee

(The President appoints members to this Committee for a term of three years, and at least one is replaced annually. Term expires at conclusion of Annual Meeting in year indicated.)

Kent E. Robinson, *Chairman*, Baltimore (1960)
Clifton T. Perkins, Towson (1960)
Irving J. Taylor, Ellicott City (1960)
Harry M. Murdock, Towson (1961)
Richard H. Pembroke, Jr., Baltimore (1961)
Sarah S. Tower, Baltimore (1961)
Isadore Tuerk, Catonsville (1961)
James S. Whedbee, Jr., Baltimore (1961)
William W. Magruder, Baltimore (1962)
Richard W. Trevaskis, Jr., Cumberland (1962)

Committee on National Emergency Medical Service

I. Ridgeway Trimble, *Chairman*, Baltimore
John Edward Adams, Baltimore
John G. Ball, Bethesda
Robert C. Kimberly, Baltimore
Shepard Krech, Jr., Easton
Abraham J. Mirkin, Cumberland
Perry F. Prather, Baltimore
John F. Schaefer, Baltimore
Lawrence M. Serra, Baltimore
Douglas H. Stone, Baltimore
Huntington Williams, Baltimore
Philip Whittlesey, Baltimore

Medical Advisory Committee to Bureau of Old Age and Survivors Insurance

(Appointed by the President, October 1957, upon authorization of Council at request of House of Delegates of A.M.A.)

J. Frank Supplee, III, *Chairman*, Baltimore
William G. Helfrich, Baltimore
George O. Himmelwright, Cumberland
Lloyd E. Saylor, Baltimore

Committee for the Study of Pelvic Cancer

Richard W. TeLinde, *Co-Chairman*, Baltimore
Arthur L. Haskins, *Co-Chairman*, Baltimore
Beverly C. Compton, *Secretary*, Baltimore
Harry M. Beck, Baltimore
C. Bernard Brack, Baltimore
Stuart W. Christhilf, Jr., Annapolis
Osborne D. Christensen, Salisbury
Carlo A. Cuccia, Baltimore
Robert J. Dickson, Baltimore
William K. Diehl, Baltimore
Wylie M. Faw, Jr., Cumberland
Gerald A. Galvin, Baltimore
W. Royce Hodges, Jr., Cumberland
Howard W. Jones, Jr., Baltimore
Richard F. Mattingly, Baltimore
Hugh B. McNally, Baltimore
Frank K. Morris, Baltimore
Richard S. Munford, Baltimore
A. Adler Sondheimer, Baltimore
Orlyn H. Wood, Baltimore

CONTINUING COMMITTEES, Continued

Committee to Study Problems of Mutual Interest to the Medical and Chirurgical Faculty and the Maryland Pharmaceutical Association

(Appointed in 1955, as authorized by Council April 1955 at the request of the Professional Relations Committee of the Maryland Pharmaceutical Association.)

Edward F. Cotter, *Chairman*, Baltimore
Edwin B. Jarrett, Baltimore
Martin L. Singewald, Baltimore
Henry J. L. Marriott, Baltimore

Committee on Rural Health

(Upon authorization of House of Delegates, May 1957, Committee to be comprised of seven members, one new member being added each year, the Chairman being dropped and thus each member will in this manner work up to Chairmanship in final year of service.)

Walter H. Shealy, *Chairman*, Sharpsburg (1960)
Gordon M. Smith, Barnesville (1961)
C. Rodney Layton, Centerville (1962)
S. Ralph Andrews, Elkton (1963)
James G. Sasscer, Upper Marlboro (1964)
Archie Robert Cohen, Clear Spring (1965)
Page C. Jett, Prince Frederick (1966)

Advisory Committee to the State Accident Fund

George O. Eaton, *Chairman*, Baltimore
James G. Arnold, Jr., Baltimore
Carlton Brinsfield, Cumberland
Charles N. Davidson, Baltimore
James Frenkil, Baltimore
Jason H. Gaskel, Baltimore
Howard B. McElwain, Baltimore
Daniel J. Pessagno, Baltimore
William A. Pillsbury, Baltimore

Committee to Consult with the State Department of Health

(The Committee to consist of the President, the President-elect, two Past Presidents, the Secretary and four general practitioners, appointed by the President, of which one represents the Maryland Academy of General Practice.)

J. Sheldon Eastland, *Chairman*, Baltimore (President 1958-April 1959)

Bender B. Kneisley, Hagerstown (President 1954)

Leslie E. Daugherty, Cumberland (President April 1959-April 1960)

Whitmer B. Firor, Baltimore (President-elect April 1959-April 1960)

William Carl Ebeling, Baltimore (Secretary April 1959-April 1960)

Four General Practitioners:

Merrill M. Cross, Silver Spring (Maryland Academy of General Practice)

J. Roy Guyther, Mechanicsville

J. Ralph Horky, Churchville

Andrew E. Mance, Oakland

Tuberculosis Committee

R Adams Cowley, *Chairman*, Baltimore
Edmund G. Beacham, Baltimore
Wyand F. Doerner, Jr., Cumberland
Leon H. Hetherington, Ruxton
Meyer William Jacobson, Baltimore
Richard F. Kieffer, Jr., Baltimore
John E. Miller, Baltimore
William Newcomer, Mt. Wilson
Moses S. Shiling, Baltimore
Charlotte Silverman, Baltimore
William S. Spicer, Jr., Baltimore

Committee on Veterans' Medical Care

Amos R. Koontz, *Chairman*, Baltimore
Ernest I. Cornbrooks, Jr., Baltimore
Philip D. Flynn, Baltimore
Arthur Karfgin, Baltimore
Andrew E. Mance, Oakland
Clarence E. McWilliams, Reisterstown
S. Edwin Muller, Baltimore
Blaine M. Schindler, Cumberland
William B. VandeGrift, Baltimore
George H. Yeager, Baltimore

SPECIAL COMMITTEES

Appointed by House of Delegates, Council, Executive Committee or Current President to Study a Special Problem. Only Change of Personnel to be at the Request of the Committee as a Whole. Committee Discharged when Specific Study is Completed.

Committee on Prevention of Automotive Highway Disasters

(Appointed by the President as authorized by the House of Delegates, May 1957.)

Howard F. Kinnamon, *Chairman*, Easton
A. Austin Pearre, *Vice-Chairman*, Frederick
Russell S. Fisher, Baltimore

Philip A. Insley, Salisbury
Edmond J. McDonnell, Baltimore
James McC. Finney, Havre de Grace
A. J. Mirkin, Cumberland
John J. Tansey, Baltimore
Charles Conrad Zimmerman, Cumberland

SPECIAL COMMITTEES, Continued

Committee on Blue Shield Use of Hospital Restricted Funds

William L. Garlick, *Chairman*, Baltimore
 Thurston Harrison, Easton
 William D. Lynn, Baltimore
 Samuel Morrison, Baltimore
 John W. Parsons, Baltimore
 Alexander J. Schaffer, Baltimore

Committee to Investigate Group Insurance on a State-Wide Basis

(Appointed by the President of the Faculty on authority of the House of Delegates, September 1956.)

Frank F. Lusby, *Chairman*, Hagerstown
 J. Tyler Baker, Easton
 M. McKendree Boyer, Damascus
 Norman B. Cole, Baltimore
 Wolcott L. Etienne, College Park
 John N. Robinson, Easton

Committee to Review Proposed Regulations on Hospital Licensing

(Appointed on authority of Council by its Chairman July 1956, as requested by State Department of Health.)

Harry F. Klinefelter, Jr., *Chairman*, Baltimore
 J. Oliver Purvis, Annapolis
 I. Ridgeway Trimble, Baltimore

Committee to Confer with Insurance Carriers in Regard to Problem of Specialties—Radiology, Pathology, Anesthesiology

(Appointed by the Council upon authorization or recommendation adopted by the House of Delegates September 1955.)

Edgar T. Campbell, *Chairman*, Hagerstown
 Webster H. Brown, Baltimore
 George G. Finney, Baltimore
 I. Rivers Hanson, Salisbury
 Walter C. Merkel, Baltimore

Committee to Consult with Labor Leaders and Unions of Maryland

(Appointed by Chairman of Council as authorized by Council, June, 1957.)

Warfield, M. Firor, *Chairman*, Baltimore
 William A. Pillsbury, Jr., *Co-Chairman*, Timonium
 C. Reid Edwards, Baltimore
 J. Elliot Levi, Baltimore
 Clarence E. McWilliams, Reisterstown
 Charles F. O'Donnell, Towson
 Herbert E. Wilgis, Baltimore

Medical Economics Committee

(The Chairman of Council and the Chairman of the Planning Committee, as of January, 1959, appointed said Committee.)

* Robert C. Kimberly, *Chairman*, Baltimore
 * Richard D. Bauer, Hyattsville
 * A. C. Dick, Chestertown
 § Everett S. Diggs, Baltimore
 § William B. Hagan, Mt. Rainier
 * J. Ralph Horky, Churchville
 * Philip A. Insley, Salisbury
 § R. Carmichael Tilghman, Baltimore

Medical Advisory Committee for the Medicare Program

(Council authorized the Executive Committee to appoint this Committee, December 1956.)

Wilson Grubb, *Chairman*, Baltimore
 Robert Lee Baker, Salisbury
 Stuart M. Christhif, Annapolis
 James McC. Finney, Havre de Grace
 Herbert N. Gundersheimer, Baltimore
 Gustav Highstein, Baltimore
 W. Royce Hodges, Cumberland
 John H. Hornbaker, Hagerstown
 Amos R. Koontz, Baltimore
 John W. Parsons, Baltimore
 John M. Spence, Baltimore
 Bernard O. Thomas, Jr., Frederick
 Roger S. Waterman, Baltimore
 John Dean Wilson, Hagerstown

Committee on Public Instruction

Harry M. Robinson, Jr., *Chairman*, Baltimore
 James Feaster, Okland
 H. Hanford Hopkins, Baltimore
 Lauriston L. Keown, Baltimore
 William T. Layman, Hagerstown
 E. T. Lisansky, Baltimore
 Richard B. Norment, III, Havre de Grace
 Harold B. Plummer, Preston
 E. Roderick Shipley, Baltimore
 R. Carmichael Tilghman, Baltimore
 Thomas E. Wheeler, Randallstown
 Huntington Williams, Baltimore
 Richard J. Williams, Cumberland

Committee to Meet with the State Department of Education Regarding the Pupil Medical Record Form

(Dr. J. Sheldon Eastland, the President, was authorized to appoint this Committee by action of Council, March 27, 1958.)

Fred B. Smith, *Chairman*, Baltimore
 Melvin B. Davis, Dundalk
 E. W. Ditto, Jr., Hagerstown
 Archie R. Cohen, Clear Spring
 J. Ralph Horky, Churchville
 Charles F. O'Donnell, Baltimore

* Selected by Chairman, Planning Committee.
 § Selected by Chairman, Council.

SPECIAL COMMITTEES, Continued

*Committee to Consider the Relationship Between Hospitals and
Specialties and the Manner of Payment for Professional
Services*

(Appointed in 1951, as authorized by Council February
1951. The last three appointed by Maryland-District of
Columbia-Delaware Hospital Association.)

Webster H. Brown, *Chairman*, Baltimore
E. Hollister Davis, Baltimore
Henry L. Wollenweber, Baltimore
A. Dougal Young, Baltimore
Mr. Carroll D. Hill, Baltimore
Mr. Parker J. McMillin, Baltimore
Mr. Harvey H. Weiss, Baltimore

The 1959 Transactions will be concluded in the September 1959 issue of the Maryland State Medical Journal.

SYMPOSIUM ON CHRONIC PULMONARY DISEASE—
CHRONIC BRONCHITIS, ASTHMA, EMPHYSEMA

Moderator: DR. WILLIAM F. SPICER, assistant professor of medicine, University of
Maryland, and head of Division of Pulmonary Diseases.

Special Speaker:

DR. DAVID BATES, associate professor of medicine, McGill University, and chief
of Chest Division, Royal Victoria Hospital, Montreal

Topic: Relationship Between Structural Changes and Function.

DR. FRED McCRUMB, associate professor of medicine, University of Maryland,
and head of Division of Infectious Diseases

Topic: Therapy of Infection—Chronic Pulmonary Diseases.

DR. WALTER L. WINKENWERDER, associate professor of medicine, Johns Hop-
kins University, and physician-in-charge, Allergy and Infectious Disease
Clinic, Johns Hopkins Hospital

Topic: Allergic Factors in Etiology, and Comments on Continuous Corticos-
teroid Therapy.

DR. WARDE B. ALLAN, associate professor of medicine, Johns Hopkins Univer-
sity, and physician-in-charge, Chest Clinic, Johns Hopkins Hospital

Topic: Treatment of Emphysema.

Preceding is the program of the 1959 fall meeting of the Section of Internal Medi-
cine of the Baltimore City Medical Society and the Maryland Society of Internal
Medicine. It will be held October 5, 8:15 P.M., at 1211 Cathedral Street.